Verified

Punched

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1618

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 709

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY — IN THIS TOWN: 7 MONTHS; IN ARIZONA: 6 YRS.
C. CITY OR TOWN: PHOENIX — ☐ IN CITY LIMITS ☑ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 915 W. GREGORY

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: MARICOPA
C. CITY OR TOWN: PHOENIX — ☐ IN CITY LIMITS ☑ OUTSIDE CITY LIMITS
D. STREET (IF RURAL, GIVE LOCATION) ADDRESS: 915 W. GREGORY
E. IS RESIDENCE ON A FARM? YES ☐ NO ☑

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) DAVID B. (MIDDLE) F. C. (LAST) PALMER
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: MYRTLE
7. DATE OF BIRTH: MONTH 1 DAY 18 YEAR 1906
8. AGE (IN YEARS LAST BIRTHDAY): 54
IF UNDER 1 YEAR: MONTHS DAYS; IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): TRUCK DRIVER and CONSTRUCTION (RETIRED)
9B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ADA, OKLAHOMA
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): NO (IF YES, WAR OR DATES OF SERVICE): —
13. SOCIAL SECURITY NO.: 441-10-3534
14A. FATHER'S NAME: CLINT PALMER
14B. BIRTHPLACE (STATE OR COUNTRY): SOUTH CAROLINA
15A. MOTHER'S MAIDEN NAME: CHARSLEY WALKER
15B. BIRTHPLACE (STATE OR COUNTRY): GEORGIA
16. INFORMANT'S SIGNATURE: MYRTLE PALMER ADDRESS: PHOENIX, ARIZONA
17. DATE OF DEATH (MONTH) 2 (DAY) 18 (YEAR) '60

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2/19/60 TO 2/19/60, 19__, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT 5:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED.

MARICOPA COUNTY MEDICAL EXAMINER

22A. SIGNATURE (DEGREE): Frank J. Lizzi MD
22B. ADDRESS: 919 N 5th St. Phoenix, Ariz
22C. DATE SIGNED: 2/19/60

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR)
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: W. J. Lloyd Coroner
24B. ADDRESS: West Alex Rest
24C. DATE SIGNED: 2-19-60

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☑
25B. DATE: 2-21-60
25C. NAME OF CEMETERY OR CREMATORY: SMITH FUNERAL HOME
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): ADA, OKLAHOMA
26A. DATE REC. BY LOCAL REG.: 2/21/60
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Walter Bloom
27B. ADDRESS: Phoenix, Arizona
28A. EMBALMER'S SIGNATURE: Walter Bloom
28B. EMBALMER'S CERT. NO.: 349

FORM VS-2 REV. 3-13-55 — 1 — 25M AMPCO 26392