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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 30/3309

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 36yrs; IN ARIZONA: 36yrs
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): 5020 N. 8th Street

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 ADDRESS (IF RURAL, GIVE LOCATION): 4140 N. 27th Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Frank B. (MIDDLE) Sheridan C. (LAST) Eberly
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: - - - - - -
7. DATE OF BIRTH — MONTH: May DAY: 25 YEAR: 1866
8. AGE (IN YEARS LAST BIRTHDAY): 93 — 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): Farmer & Stockman
9B. KIND OF BUSINESS OR INDUSTRY: - - - - - -
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa
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.: Unknown
14A. FATHER'S NAME: Peter C. Eberly
14B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania
15A. MOTHER'S MAIDEN NAME: Jennie Ault
15B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania
16. INFORMANT'S SIGNATURE: Daughter: Mrs. Julia E. Treat ADDRESS: Phoenix, Ariz.
17. DATE OF DEATH — (MONTH) April (DAY) 22 (YEAR) 1960

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
STRIB 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
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.
INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/22/60 TO 4/22/60 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____ AND THAT DEATH OCCURRED AT 2:45 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED.
22A. SIGNATURE (DEC.): Frank J. Chapel M.D.
MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: 2919 N 27th St Phoenix Ariz
22C. DATE SIGNED: 4/22/60

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) M.
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE: Chester Ellis
24B. ADDRESS: Phoenix
24C. DATE SIGNED: 4/22/60

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 4-25-60
25C. NAME OF CEMETERY OR CREMATORY: Memory Lawn
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 4/22/60
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Richard C. Munoz
27B. ADDRESS: Phoenix, Arizona
28A. EMBALMER'S SIGNATURE: Richard C. Munoz
28B. EMBALMER'S CERT. NO.: 382A

FORM VS-2 REV. 8-18-55 — 1 — TEM ANDCO 32587
Mercer Mortuary & Chapel Phoenix, Arizona