ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3825

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1940

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 50yrs — IN ARIZONA: 50 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): Memorial Hospital

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): 505 E. Carter Road
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Gray B. (MIDDLE) C. (LAST) Archer

4. SEX: Male **5. COLOR OR RACE:** White **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Married

6B. NAME OF SPOUSE: Lulu June Archer

7. DATE OF BIRTH — MONTH: July DAY: 12 YEAR: 1885

8. AGE (IN YEARS LAST BIRTHDAY): 74 — 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): Cashier & Ranching

9B. KIND OF BUSINESS OR INDUSTRY: Internal Revenue

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): North Carolina

11. CITIZEN OF WHAT COUNTRY? USA

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.: Unk.

14A. FATHER'S NAME: Joseph Archer **14B. BIRTHPLACE** (STATE OR COUNTRY): Va.

15A. MOTHER'S MAIDEN NAME: Frances Gray **15B. BIRTHPLACE** (STATE OR COUNTRY): Ga.

16. INFORMANT'S SIGNATURE — ADDRESS: Lulu Jane Archer, 505 E. Carter Rd., Phoenix

17. DATE OF DEATH (MONTH) May (DAY) 30 (YEAR) 1960

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) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

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: Metastasis to spine, pelvis, brain — 1-2 yrs

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-23, 1959 TO May 30, 1960, THAT I LAST SAW THE DECEASED ALIVE ON May 29, 1960 AND THAT DEATH OCCURRED AT 6:12 AM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Richard H. Mayne MD. **22B. ADDRESS:** 5410 South Central **22C. DATE SIGNED:** 5-31-60

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
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 **24B. ADDRESS** **24C. DATE SIGNED**

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: June 1, 1960
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 5/31/60
26B. REGISTRAR'S SIGNATURE: Sarah N. Taylor, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: 333 W. Adams
28A. EMBALMER'S SIGNATURE: Hunt Young
28B. EMBALMER'S CERT. NO.: 200

FORM VS-2 REV 3-15-55 — 15M AMPCO 32567