ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4969

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 206

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 8 yrs; IN ARIZONA 53yrs
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Granite Reef Rest Home

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — COUNTY: Maricopa
C. CITY OR TOWN: Chandler — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 388 N. California St. — E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) GEORGIE B. (MIDDLE) ELLA C. (LAST) VEST
4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ---
7. DATE OF BIRTH: MONTH Feb DAY 22 YEAR 1877
8. AGE (IN YEARS LAST BIRTHDAY): 83 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Own Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
11. CITIZEN OF WHAT COUNTRY? ---
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.: No
14A. FATHER'S NAME: Abner Hulen
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Theodosia Hicks
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Robt. H. Vest — ADDRESS: Chandler, Arizona
17. DATE OF DEATH (MONTH) June (DAY) 18 (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) Cerebral Hemorrhage
DUE TO (B) Cerebral Arteriosclerosis
DUE TO (C) Arteriosclerosis, generalized.

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

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 Jan 18, 1959 TO June 18, 1960, THAT I LAST SAW THE DECEASED ALIVE ON June 17, 1960, AND THAT DEATH OCCURRED AT 11:05 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John L. Gilliland (DEGREE OR TITLE) M.D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 6/20/60

DEATH DUE TO EXTERNAL VIOLENCE
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?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 6/21/60
25C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Ariz.
26A. DATE REC. BY LOCAL REG.: 6-20-60
26B. REGISTRAR'S SIGNATURE: X [illegible] Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Frank S. Butler
27B. ADDRESS: CHANDLER, ARIZONA
28. EMBALMER'S SIGNATURE: Frank S. Butler
28B. EMBALMER'S CERT. NO.: 259A

FORM VS-2 REV. 3-15-55

7 OF DEATH
AND 07
RESIDENCE
6489
1
2
DECEDENT 3
PERSONAL
DATA 183
4
6.00
33/X
CAUSE
OF
DEATH 0
ITEM 18) 0
RATIONS, 4
UTOPSY
MEDICAL 1
CERTIFICATION
33
DIRECTOR
AND 2
REGISTRAR
153