ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 7233

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 60 yrs — IN ARIZONA: 60 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): Good Samaritan 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): 215 North 11th Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JOSEPHINE B. (MIDDLE) PROVENCIO C. (LAST) NAVARRO

4. SEX: female
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ----------
7. DATE OF BIRTH — MONTH: May DAY: 29 YEAR: 1881
8. AGE (IN YEARS LAST BIRTHDAY): 79 — 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: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
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.: 8
14A. FATHER'S NAME: Jesus Provencio
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Agripino Samaniego
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE — ADDRESS: Ben Navarro, 81 West Willetta, Phoenix
17. DATE OF DEATH (MONTH) September (DAY) 4 (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) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: ONE YEAR

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. CONGESTIVE HEART FAILURE — ONE MONTH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM AUG 1960 TO SEPT 4 1960 THAT I LAST SAW THE DECEASED ALIVE ON SEPT 4 1960 AND THAT DEATH OCCURRED AT 6:40 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [signature] (DEGREE OR TITLE): MD
22B. ADDRESS: 715 E John Sahuaro
22C. DATE SIGNED: 8/6/60

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9/7/60
25C. NAME OF CEMETERY OR CREMATORY: St. Francis
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix Arizona
26A. DATE REC. BY LOCAL REG.: 9/7/60
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: 330 N. 2d Ave., Phx
28A. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO.: 141-A

FORM VS-2 REV. 3-15-55 25M AMPCO 26392

Whitney & Murphy Funeral Home, Phoenix