ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7971

CERTIFICATE OF DEATH

REGISTRAR'S NO. 3495

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: Life; IN ARIZONA: Life
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): St. Joseph Hospital Phoenix

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): 2320 W. Myrtle Phoenix Arizona
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Jack
B. (MIDDLE): LeRoy
C. (LAST): Kleck

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Viola Kleck
7. DATE OF BIRTH — MONTH: July; DAY: 2; YEAR: 1918
8. AGE (IN YEARS LAST BIRTHDAY): 42 — 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
9B. KIND OF BUSINESS OR INDUSTRY: ——
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.: 526-07-5366
14A. FATHER'S NAME: Jacob Silas Kleck
14B. BIRTHPLACE (STATE OR COUNTRY): Ohio
15A. MOTHER'S MAIDEN NAME: Peachie Anna Powell
15B. BIRTHPLACE (STATE OR COUNTRY): Virginia
16. INFORMANT'S SIGNATURE: Mrs Viola Kleck — ADDRESS: 2320 W. Myrtle Phoenix Ariz.
17. DATE OF DEATH — (MONTH): OCT. (DAY): 22 (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) Renal failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days

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

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 15, 19 60 TO Oct. 21, 19 60 THAT I LAST SAW THE DECEASED ALIVE ON Oct. 21, 19 60 AND THAT DEATH OCCURRED AT 12:05 Am M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Robert D. Flynn — (DEGREE OR TITLE): M. D.
22B. ADDRESS: 550 W. Thomas Road, Phoenix
22C. DATE SIGNED: 10-24-60

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: 10/25/60
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Mausoleum
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix Arizona

26A. DATE REC. BY LOCAL REG.: 10/25/60
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Hugh L. Kavan
27B. ADDRESS: Phoenix Arizona
28A. EMBALMER'S SIGNATURE: Hugh L. Kavan
28B. EMBALMER'S CERT. NO.: 326

FORM VS-2 REV. 3-15-55 25M AMPCO 28392