ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 47 8168

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

E OF DEATH AND L RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 15 yrs; IN ARIZONA 18 yrs
C. CITY OR TOWN: Chandler — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 208 No. Exeter St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Chandler — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 208 No. Exeter St.
E. IS RESIDENCE ON A FARM? (IF RURAL, GIVE LOCATION) YES ☐ NO ☐

ECEDENT ERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) WILLIAM B. (MIDDLE) ALFRED C. (LAST) SHINAULT
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Nora E.
7. DATE OF BIRTH: MONTH Sep DAY 3, YEAR 1892
8. AGE (IN YEARS LAST BIRTHDAY): 68 — IF UNDER 1 YEAR: MONTHS, DAYS; IF UNDER 24 HRS.: HOURS, MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DUR 10 MOST OF LIFE EVEN IF RETIRED): Farm worker
9B. KIND OF BUSINESS OR INDUSTRY: General Farm
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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: Isaac J. Shinault
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Martha D. Hicks
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Mrs. Nora E. Shinault — ADDRESS: Chandler, Ariz
17. DATE OF DEATH (MONTH) (DAY) (YEAR): October 19, 1960

CAUSE OF DEATH ITEM 18)

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH: 2½ years
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.

ERATIONS, UTOPSY

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

MEDICAL TIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1, 1958 TO Oct 19, 1960, THAT I LAST SAW THE DECEASED ALIVE ON Oct 19, 1960, AND THAT DEATH OCCURRED AT 9:30 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Robert P Erickson M.D.
22B. ADDRESS: Chandler, Ariz.
22C. DATE SIGNED: 10/20/60

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?

ORONER'S TIFICATION

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

UNERAL IRECTOR AND EGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 10/21/60
25C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Ariz.
26A. DATE REC. BY LOCAL REG.: 10-20-60
26B. REGISTRAR'S SIGNATURE: Pearl Dougherty
27A. FUNERAL DIRECTOR'S SIGNATURE: Frank S. Butler
27B. ADDRESS: CHANDLER, ARIZONA
28. EMBALMER'S SIGNATURE: Frank S. Butler
28B. EMBALMER'S CERT. NO.: 253A

FORM VS-2 REV. 3-15-55