ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8872

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3922

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 20 Yrs — IN ARIZONA: 20 Yrs
C. CITY OR TOWN: Phoenix — x IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 53 E. Roanoke Phoenix Ariz.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — x IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 53 E. Roanoke Phoenix.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Maude B. (MIDDLE) E. C. (LAST) Pitchford

4. SEX: FE
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ------
7. DATE OF BIRTH — MONTH: July DAY: 27 YEAR: 1881
8. AGE (IN YEARS LAST BIRTHDAY): 79 — IF UNDER 1 YEAR: MONTHS / DAYS / HOURS / 24 HRS. MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: ----
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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: W. Gordon Bedford
14B. BIRTHPLACE (STATE OR COUNTRY): Virginia
15A. MOTHER'S MAIDEN NAME: Sarah E. Shaw
15B. BIRTHPLACE (STATE OR COUNTRY): Virginia
16. INFORMANT'S SIGNATURE: Mrs Buell Tade — ADDRESS: 920 W. Indian School Phoenix
17. DATE OF DEATH — (MONTH) NOV. (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) Encephalopathy — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — Several years
Hypertensive Heart Disease
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Generalized Arteriosclerosis

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____ 19 57 TO Nov 30 19 60 THAT I LAST SAW THE DECEASED ALIVE ON Nov 30 1960 AND THAT DEATH OCCURRED AT 10:30 Am M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Lloyd K. Swasey (DEGREE OR TITLE) MD
22B. ADDRESS: 15 E Monroe
22C. DATE SIGNED: 11/30/60

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: 12/3/60
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix Arizona
26A. DATE REC. BY LOCAL REG.: 11/30/60
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: A.L. Moore & Sons
27B. ADDRESS: Phoenix Arizona
28A. EMBALMER'S SIGNATURE
28B. EMBALMER'S CERT. NO.

FORM VS-2 REV. 8-9-60 - 25M