ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8940 3840

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 24 yrs; IN ARIZONA 41 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): Veterans Administration Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Yuma ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): P.O. Box 948
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): KENNETH
B. (MIDDLE): K
C. (LAST): SURBER

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Neta Surber
7. DATE OF BIRTH: MONTH 6 DAY 8 YEAR 90
8. AGE (IN YEARS LAST BIRTHDAY): 70
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): TENN
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): YES (IF YES, WAR OR DATES OF SERVICE): WWI
13. SOCIAL SECURITY NO. 526 12 66 93
14A. FATHER'S NAME: Albert Cephus Surber
14B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
15A. MOTHER'S MAIDEN NAME: Mattie Elizabeth Currin
15B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
16. INFORMANT'S SIGNATURE AND ADDRESS: Neta Surber (Wife) P.O. Box 948, Yuma, Ariz
17. DATE OF DEATH: NOVEMBER (MONTH) 22 (DAY) 1960 (YEAR)

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) Acute congestive heart failure with pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 wks
DUE TO (B) Arteriosclerotic Heart Disease with calcific aortic stenosis — 10 yrs.
DUE TO (C)

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: Rheumatoid arthritis, severe — 20 yrs.

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

21. I HEREBY CERTIFY THAT I VA ATTENDED THE DECEASED FROM 11-10, 1960 TO 11-22, 60 THAT I LAST SAW THE DECEASED AND THAT DEATH OCCURRED AT 5:50 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): B.M. LIPSCHULTZ, MD Chief Medical Service
22B. ADDRESS: VA Hospital, Phoenix, Ariz
22C. DATE SIGNED: 11-23-60

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: 11-24-60
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
26A. DATE REC. BY LOCAL REG.: 11/24/60
26B. REGISTRAR'S SIGNATURE: Bunch Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: A.L. Moore & Hurst S. Kare
27B. ADDRESS: Phoenix Arizona
28A. EMBALMER'S SIGNATURE: Hurst S. Kare
28B. EMBALMER'S CERT. NO.: 326

FORM VS-2 REV. 2-15-55 1 15M AMPCO 32367