ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 9996

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 589

**1. PLACE OF DEATH**
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 3 wks; IN ARIZONA Life
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mesa Osteopathic Hospital

**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 (IF RURAL, GIVE LOCATION): W. Pecos Rd.
E. IS RESIDENCE ON A FARM? YES ☒ NO ☐

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) ALMA B. (MIDDLE) PRATT C. (LAST) PACE
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ---
7. DATE OF BIRTH: MONTH May DAY 28, YEAR 1888
8. AGE (IN YEARS LAST BIRTHDAY): 72 — 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: Farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.: Yes
14A. FATHER'S NAME: Wilson Daniel Pace
14B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
15A. MOTHER'S MAIDEN NAME: Elizabeth Lee
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Phillip Pace — ADDRESS: Rt. 1, Chandler, Ariz
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Dec. 17, 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) Pneumonia Secondary to Pulmonary — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Pneumonia + Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 3 days.
DUE TO (C) Chronic Asthma — INTERVAL BETWEEN ONSET AND DEATH: All life

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
Phlebitis — INTERVAL BETWEEN ONSET AND DEATH: 7 days.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-28, 1960 TO 12-17, 1960. THAT I LAST SAW THE DECEASED ALIVE ON 12-17, 1960, AND THAT DEATH OCCURRED AT 12:35 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] M.D. (DEGREE OR TITLE)
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 12/19/60

23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE
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: 12.20/60
25C. NAME OF CEMETERY OR CREMATORY: Thatcher Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Thatcher, Ariz.
26A. DATE REC. BY LOCAL REG.: 12-20-60
26B. REGISTRAR'S SIGNATURE: [signature] Reg.
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