PUNCHED
CERTIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1421

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 67

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 45 yr. IN ARIZONA: 45 yr.
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): 454 So. Mesa Dr.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 454 So. Mesa Dr.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Marian
B. (MIDDLE): Hurley
C. (LAST): Pratt

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: 4 DAY: 18 YEAR: 79
8. AGE (IN YEARS LAST BIRTHDAY): 81 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: at home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Australia
11. CITIZEN OF WHAT COUNTRY? U. S.
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.: None
14A. FATHER'S NAME: John William Hurley
14B. BIRTHPLACE (STATE OR COUNTRY): Australia
15A. MOTHER'S MAIDEN NAME: Marian Hougham
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: Mrs. Rose Burnham — ADDRESS: Mesa, Ariz.
17. DATE OF DEATH (MONTH) Feb. (DAY) 27, (YEAR) 1961

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) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: five 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.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM September 1953 TO February 27 1961 THAT I LAST SAW THE DECEASED ALIVE ON February 16, 1961, AND THAT DEATH OCCURRED AT 1 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE)
22B. ADDRESS: 34 North Macdonald, Mesa
22C. DATE SIGNED: March 1, 1961

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: 3-1-61
25C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Ariz.
26A. DATE REC. BY LOCAL REG.: 3-1-61
26B. REGISTRAR'S SIGNATURE: R. M. Bagwell Jr.
27A. FUNERAL DIRECTOR'S SIGNATURE: R. M. Bagwell
27B. ADDRESS: Mesa, Ariz.
28A. EMBALMER'S SIGNATURE: R. M. Bagwell
28B. EMBALMER'S CERT. NO.: 228

FORM VS-2 REV. 3-15-58 15M AMPCO 32567
MELDRUM MORTUARY & CHAPEL