PUNCHED VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. **2002**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1215

PLACE OF DEATH AND RESIDENCE

1. PLACE OF DEATH — A. COUNTY: Maricopa — B. LENGTH OF STAY: IN THIS TOWN 7 yrs. IN ARIZONA 7 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: Maricopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 822 N. 3rd Ave. — E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) GYLE — B. (MIDDLE) D. — C. (LAST) CONRAD
4. SEX: M — 5. COLOR OR RACE: White — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE: -- — 7. DATE OF BIRTH: MONTH 5, DAY 14, YEAR 96 — 8. AGE (IN YEARS LAST BIRTHDAY): 64 — 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): US Navy - Retired
9B. KIND OF BUSINESS OR INDUSTRY: -- — 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri — 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): WW I and II — 13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Daniel Conrad — 14B. BIRTHPLACE (STATE OR COUNTRY): Mo.
15A. MOTHER'S MAIDEN NAME: Eva Statler — 15B. BIRTHPLACE (STATE OR COUNTRY): Mo.
16. INFORMANT'S SIGNATURE — ADDRESS: Vet. Adm. Hospital Records, Phoenix, Arizona
17. DATE OF DEATH: (MONTH) MARCH (DAY) 31, (YEAR) 1961

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) aneurysm, abdominal aorta — INTERVAL BETWEEN ONSET AND DEATH: 1 year
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Generalized arteriosclerosis — 1 year
DUE TO (C) --
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Pulmonary emboli, multiple — 3 days

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: 3-27-61 — 19B. MAJOR FINDINGS OF OPERATION: Arteriosclerotic aneurysm of aorta — 20. AUTOPSY? YES ☒ NO ☐

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-31, 1961 TO 3-31, 1961 AND THAT DEATH OCCURRED AT 12:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE — (DEGREE OR TITLE): H. LIEBER, M.D., Chief, Surgical Service — 22B. ADDRESS: VA Hospital, Phoenix, Ariz. — 22C. DATE SIGNED: 4-3-61

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: 4-5-61 — 25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park — 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 4/4/61 — 26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: A.L. Moore & Son — 27B. ADDRESS: Phoenix, Arizona
28A. EMBALMER'S SIGNATURE: [illegible] — 28B. EMBALMER'S CERT. NO.: 269A

FORM VS-2 REV. 5-9-60 - 25M