

PUNCHED  
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

2019

CERTIFICATE OF DEATH

REGISTRAR'S NO.

902

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 12 yrs IN ARIZONA 12 yrs		2. USUAL RESIDENCE A. STATE Arizona		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Hospital				D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? 1050 N. 46th St. YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED A. (FIRST) Hazel		B. (MIDDLE) Mae		C. (LAST) Dean		4. SEX Female	
5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married					
6B. NAME OF SPOUSE George Dean		7. DATE OF BIRTH MONTH DAY YEAR May 24 1893		8. AGE (IN YEARS) LAST BIRTHDAY 67		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Home maker	
9B. KIND OF BUSINESS OR INDUSTRY none		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no	
13. SOCIAL SECURITY NO. 115-20-2080		14A. FATHER'S NAME C. R. Crooks		14B. BIRTHPLACE (STATE OR COUNTRY) New York		15A. MOTHER'S MAIDEN NAME Unknown	
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		16. INFORMANT'S SIGNATURE George W. Dean - 1050 N. 46th St., Phoenix				17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 7 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH†  ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Minutes
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (B) Anteroseptal Cardiovascular Disease		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12/8 1955 TO DEATH 1961, THAT I LAST SAW THE DECEASED ALIVE ON 3/7 1961, AND THAT DEATH OCCURRED AT 8:14 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE (DEGREE OR TITLE) C. J. Goodson, MD	22B. ADDRESS	22C. DATE SIGNED

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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 3/10/61	25C. NAME OF CEMETERY OR CREMATORY Memory Lawn Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Ariz.
26A. DATE REC. BY LOCAL REG. 3/10/61	26B. REGISTRAR'S SIGNATURE Bethany Chapel	27A. FUNERAL DIRECTOR'S SIGNATURE Abbott C. Carney	27B. ADDRESS Phoenix

28A. EMBALMER'S SIGNATURE Abbott C. Carney	28B. EMBALMER'S CERT. NO. 362 A
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REGISTRAR  
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