Xerber
PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3407

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 101

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY Maricopa
B. LENGTH OF STAY: IN THIS TOWN 1 mo. IN ARIZONA 17 yrs.
C. CITY OR TOWN Peoria ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 7417 West Cinnabar

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) 3539 W. Garfield
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

DECEDENT'S PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Josephine B. (MIDDLE) Maud C. (LAST) Barker
4. SEX F
5. COLOR OR RACE White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
6B. NAME OF SPOUSE ----------
7. DATE OF BIRTH: MONTH 1 DAY 7 YEAR 1904
8. AGE (IN YEARS LAST BIRTHDAY) 57
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) West Virginia
11. CITIZEN OF WHAT COUNTRY? USA
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. 527-58-5412
14A. FATHER'S NAME Elias Whetherhault
14B. BIRTHPLACE (STATE OR COUNTRY) ----------
15A. MOTHER'S MAIDEN NAME Lucenda Westfall
15B. BIRTHPLACE (STATE OR COUNTRY) ----------
16. INFORMANT'S SIGNATURE Mrs. Ruby Scholer ADDRESS Peoria, Arizona
17. DATE OF DEATH (MONTH) April (DAY) 3 (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) Coronary occlusion
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.

INTERVAL BETWEEN ONSET AND DEATH

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ~~I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED~~ 4-4-61 THAT I LAST SAW THE DECEASED ALIVE ON ----- 19__ AND THAT DEATH OCCURRED AT 2:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEG) MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS Phoenix
22C. DATE SIGNED 4-4-61

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) Natural Cause
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Home
23C. (CITY OR TOWN) (COUNTY) (STATE) Peoria, Arizona
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 Herman S. Richards, Jr.
24B. ADDRESS Peoria, Arizona
24C. DATE SIGNED 4/5/61

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE 4/6/61
25C. NAME OF CEMETERY OR CREMATORY Resthaven Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Glendale, Arizona
26A. DATE REC. BY LOCAL REG. 4-6-61
26B. REGISTRAR'S SIGNATURE Margaret Carrier, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE Charles R. Whitney
27B. ADDRESS Glendale, Arizona
28A. EMBALMER'S SIGNATURE Charles R. Whitney
28B. EMBALMER'S CERT. NO. 309

FORM VS-2 REV. 8-9-60 - 25M