ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7910

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 286

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

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — XX IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 240 No. Williams
E. IS RESIDENCE ON A FARM? YES ☐ NO XX

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Connie B. (MIDDLE) -- C. (LAST) Martineau

4. SEX: Fe
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Infant
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 9 DAY: 7 YEAR: 61
8. AGE (IN YEARS LAST BIRTHDAY): IF UNDER 1 YEAR — MONTHS: DAYS: IF UNDER 24 HRS. — HOURS: 1 MIN.: --
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): None
9B. KIND OF BUSINESS OR INDUSTRY: Infant
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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: Wendell Howard Martineau
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Kay Ennie Whiting
15B. BIRTHPLACE (STATE OR COUNTRY): Calif.
16. INFORMANT'S SIGNATURE: Wendell H. Martineau — ADDRESS: Mesa, Ariz.
17. DATE OF DEATH (MONTH) Sept. (DAY) 7, (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) Congenital atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

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 CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Congenital Severe Acrocyanosis — 1 hr.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-7- 19 61 TO 19 THAT I LAST SAW THE DECEASED ALIVE ON 9-7- 19 61 AND THAT DEATH OCCURRED AT 4:22 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS: 1150 N. Country Club Drive Mesa, Ariz.
22C. DATE SIGNED: 9-8-61

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 XX CREMATION ☐ REMOVAL ☐
25B. DATE: 9-9-61
25C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Ariz.
26A. DATE REC. BY LOCAL REG.: 9-9-61
26B. REGISTRAR'S SIGNATURE: [signature]
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: MELDRUM MORTUARY 52 N. Macdonald Mesa, Ariz.
28A. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO.: 345A

FORM VS-2 REV. 3-15-55 — 15M AMPCO 32557

MELDRUM MORTUARY & CHAPEL