PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8403

CERTIFICATE OF DEATH

BIRTH NO. 22187

REGISTRAR'S NO. 3415

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH — A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: Life; IN ARIZONA: Life
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): Good Samaritan 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 (IF RURAL, GIVE LOCATION) ADDRESS: 1595 W. Mountain View Rd.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

DECEDENT'S PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Anne B. (MIDDLE) Lynette C. (LAST) Barlow
4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married
6B. NAME OF SPOUSE: --
7. DATE OF BIRTH — MONTH: 9 DAY: 19 YEAR: 1961
8. AGE (IN YEARS LAST BIRTHDAY) — IF UNDER 1 YEAR: MONTHS / DAYS: 16 — IF UNDER 24 HRS.: HOURS / MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): ---
9B. KIND OF BUSINESS OR INDUSTRY: --
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.: none
14A. FATHER'S NAME: Jesse Patrick Barlow
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Sarah Ann Herrin
15B. BIRTHPLACE (STATE OR COUNTRY): Wyoming
16. INFORMANT'S SIGNATURE: Jesse P. Barlow — ADDRESS: 1595 W. Mt. View Rd.
17. DATE OF DEATH (MONTH) October (DAY) 5 (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) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 days
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.

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 9-19 1961 TO 10-5 1961 THAT I LAST SAW THE DECEASED ALIVE ON 10-4 1961 AND THAT DEATH OCCURRED AT 6 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Robert C. Prue MD (DEGREE OR TITLE)
22B. ADDRESS: Phoenix, Arizona
22C. DATE SIGNED: 10-6-61

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: 10-7-61
25C. NAME OF CEMETERY OR CREMATORY: Memory Lawn Memorial Cem
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 10/6/61
26B. REGISTRAR'S SIGNATURE: Russell Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: L. M. Mortensen
27B. ADDRESS: Phoenix, Arizona
28A. EMBALMER'S SIGNATURE: W. E. Pope
28B. EMBALMER'S CERT. NO.: 401A

FORM VS-2 REV. 5-8-60 - 25M