ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9377

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3782

DATE OF DEATH, PLACE AND USUAL RESIDENCE

1. PLACE OF DEATH — A. COUNTY: Maricopa — B. LENGTH OF STAY: IN THIS TOWN: 5 Years; IN ARIZONA: 5 years
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): Valley of the Sun Nursing

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): 10848 Aberdeen Rd — E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT'S PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Frederick — B. (MIDDLE) Rudolph — C. (LAST) Etchen, Sr.
4. SEX: M — 5. COLOR OR RACE: Caucasian — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ethyle Etchen
7. DATE OF BIRTH: MONTH Sept — DAY 25 — YEAR 1884
8. AGE (IN YEARS LAST BIRTHDAY): 77 — 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): Automobile Executive
9B. KIND OF BUSINESS OR INDUSTRY: Dealer
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Coffeywille Ka.
11. CITIZEN OF WHAT COUNTRY? U.A.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.: 511-03-9833
14A. FATHER'S NAME: John P. Etchen
14B. BIRTHPLACE (STATE OR COUNTRY): Ohio
15A. MOTHER'S MAIDEN NAME: UNK
15B. BIRTHPLACE (STATE OR COUNTRY): --
16. INFORMANT'S SIGNATURE: Frederick R. Etchen, Jr. — ADDRESS: Pitts. 22 Pa.
17. DATE OF DEATH (MONTH) November (DAY) 6, (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) CA OF PULMONALE — INTERVAL BETWEEN ONSET AND DEATH: YRS

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) CHR. EMPHYSEMA — YRS
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. ARTERIOSCLEROTIC HEART DISEASE — YRS

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 12-27 1961 TO 11-5 1961 THAT I LAST SAW THE DECEASED ALIVE ON 27-4 1961 AND THAT DEATH OCCURRED AT 6:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [illegible] (DEGREE OR TITLE) MD — 22B. ADDRESS: Mercy Dr. — 22C. DATE SIGNED: 11-7-61

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: 11/7/1961 — 25C. NAME OF CEMETERY OR CREMATORY — 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Coffeywille, Kansas
26A. DATE REC. BY LOCAL REG.: 11/7/61 — 26B. REGISTRAR'S SIGNATURE: Kenneth Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Fredric D. Wakelin — 27B. ADDRESS: 334 W. Monroe
28A. EMBALMER'S SIGNATURE: Fredric D. Wakelin — 28B. EMBALMER'S CERT. NO.: 408A

FORM VS-2 REV. 8-9-60 • 25M