ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. **2201**

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1017

**PLACE OF DEATH AND USUAL RESIDENCE**

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 16 yrs; IN ARIZONA 16 yrs
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): 1026 W. Polk Street

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: 1026 W. Polk Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

**DECEDENT PERSONAL DATA**

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Frank B. (MIDDLE) C. (LAST) Becker
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): unknown
6B. NAME OF SPOUSE: ---
7. DATE OF BIRTH: MONTH Jan DAY 10 YEAR 1869
8. AGE (IN YEARS LAST BIRTHDAY): 93 — 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): unknown
9B. KIND OF BUSINESS OR INDUSTRY: unknown
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Pennsylvania
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): unknown (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: 512-20-5557
14A. FATHER'S NAME: unknown
14B. BIRTHPLACE (STATE OR COUNTRY): unknown
15A. MOTHER'S MAIDEN NAME: unknown
15B. BIRTHPLACE (STATE OR COUNTRY): unknown
16. INFORMANT'S SIGNATURE: Deceased's personal records — ADDRESS
17. DATE OF DEATH: (MONTH) March (DAY) 4, (YEAR) 1962

**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) [Arteriosclerotic Heart Disease] — INTERVAL BETWEEN ONSET AND DEATH

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 ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED. 3/4/62, 19__, THAT I LAST SAW THE DECEASED

22A. SIGNATURE: Frank J. Vizzi MD (DEGREE) — MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: 510 E. Roe Lane Phoenix Ariz
22C. DATE SIGNED: 3/4/62

**DEATH DUE TO EXTERNAL VIOLENCE**

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY): Natural
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: Alf J. Flood Coroner
24B. ADDRESS: West Phx Ariz
24C. DATE SIGNED: 3-5-62

**FUNERAL DIRECTOR AND REGISTRAR**

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 3-12-62
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 3/9/62
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Nellie D. Wakelin
27B. ADDRESS: Grimshaw Mortuary
28A. EMBALMER'S SIGNATURE: Robert E. Fitzgerald
28B. EMBALMER'S CERT. NO.: 263

FORM VS-2 REV. 5-0-60 - 30M