PUNCHED VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 4913

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2818

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH — A. COUNTY: YAVAPAI — B. LENGTH OF STAY: IN THIS TOWN 62 Yrs. IN ARIZONA 62 Yrs.
C. CITY OR TOWN: PRESCOTT — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 120 S. MONTEZUNA ST.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) — A. STATE: Arizona — B. COUNTY: Pima
C. CITY OR TOWN: Tucson — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1662 Circle A — E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT'S PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Berry — B. (MIDDLE) — C. (LAST) Gardner
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Evelena G.
7. DATE OF BIRTH: MONTH June — DAY 5 — YEAR 1895
8. AGE (IN YEARS LAST BIRTHDAY): 67 Yrs. — 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): Ret'd. Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Ranch
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): SanAngelo, Tex.
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes — (IF YES, WAR OR DATES OF SERVICE): WW I
13. SOCIAL SECURITY NO.:
14A. FATHER'S NAME: Will Gardner
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: UKN
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Evelena G. Gardner — ADDRESS:
17. DATE OF DEATH: (MONTH) May (DAY) 25th, (YEAR) 1962

CAUSE OF DEATH (ITEM 18) 4201 0

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) Thrombosis, coronary — INTERVAL BETWEEN ONSET AND DEATH: Minutes
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis, coronary — Years
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma, left leg — Mos.-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 NEVER, 19__ TO ____, 19__ THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__ AND THAT DEATH OCCURRED AT 10:44 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] M.D. (DEGREE OR TITLE) — 22B. ADDRESS: PRESCOTT, ARIZ. — 22C. DATE SIGNED: 5/26/62

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: Harry Seaman — 24B. ADDRESS: Prescott, Ariz. — 24C. DATE SIGNED: 5-26-62

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☐
25B. DATE: 5/ /62
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 5/29/62
26B. REGISTRAR'S SIGNATURE: Blanche Ferris Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: REILLY FUNERAL HOME
27B. ADDRESS: Tucson, Arizona
28A. EMBALMER'S SIGNATURE: BY: G M Collins
28B. EMBALMER'S CERT. NO.: 3844

FORM VS-2 REV. 6-9-60 - 25M