

1669

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2612

CERTIFICATE OF DEATH

REGISTRAR'S NO. 914

DEATH 4	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE Arizona B. COUNTY Maricopa			
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Phoenix		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Phoenix			
RESIDENCE 5	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 27 yrs. 27 yrs.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 4240 E. Van Buren			
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 4240 E. Van Buren					
IDENTIFICATION 189 9 549	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Henry B. (MIDDLE) C. (LAST) Vermeersch			4. SEX male	5. COLOR OR RACE white	
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 2 DAY 29 YEAR 60		8. AGE YEARS 89 MONTHS 2 DAYS 2	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Pioneer Rancher	
	9B. KIND OF BUSINESS OR INDUSTRY farmer	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ypres, Belgium	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No No		13. SOCIAL SECURITY NO. None
	14A. FATHER'S NAME Henry Vermeersch		14B. BIRTHPLACE (STATE OR COUNTRY) Belgium	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
	16. INMARRIANT'S SIGNATURE Jules L. Vermeersch		ADDRESS Phoenix, Arizona.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 1, 1949.	
CAUSE OF DEATH 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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>None (age)</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
INVESTIGATION 21)	21A. ACCIDENT SUICIDE HOMICIDE none		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
REGISTRATION 22)	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>3/11/47</u> , 19 <u>47</u> TO <u>5/1/49</u> , 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>5/1/49</u> , 19 <u>49</u> AND THAT DEATH OCCURRED AT <u>8:45 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE <u>Charles J. Ponsaard M.D.</u>		23B. ADDRESS 907 Prof. Bldg.		23C. DATE SIGNED 5/2/49	
REGISTRATION 23)	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 5-3-49	24C. NAME OF CEMETERY OR CREMATORY St. Francis		
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona.		24E. NAME OF CEMETERY OR CREMATORY St. Francis		24F. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona.	
REGISTRATION 24)	25A. DATE REC'D BY LOCAL REG. MAY 4 1949		25B. REGISTRAR'S SIGNATURE <u>M. Kim Deputy</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Ross</u>	
	25C. ADDRESS Whitney Funeral Home, 330 N 2nd Ave., PHX.		25D. ADDRESS Whitney Funeral Home, 330 N 2nd Ave., PHX.		25E. ADDRESS Whitney Funeral Home, 330 N 2nd Ave., PHX.	