1099

Dr. Frazier

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 260

STATE FILE NO. 3014

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 112

07 07 24 OF DEATH AND 24 0323 RESIDENCE 5

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Mesa
C. LENGTH OF STAY IN THIS PLACE: 37 yr. IN ARIZONA: 37 yr.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Southside District Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Mesa
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1102 West 4th. St.

DECEDENT PERSONAL DATA 2 1 1 170 6 649

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Caroline B. (MIDDLE): --- C. (LAST): Staples
4. SEX: female
5. COLOR OR RACE: White
6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 1 DAY 28 YEAR 79
8. AGE: YEARS 70 MONTHS 4 DAYS 19
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: at home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? U. S. A.
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: Andres Johnson
14B. BIRTHPLACE (STATE OR COUNTRY): Denmark
15A. MOTHER'S MAIDEN NAME: Margaret Larsen
15B. BIRTHPLACE (STATE OR COUNTRY): Denmark
16. INFORMANT'S SIGNATURE: Frank Staples ADDRESS: Mesa, Ariz.
17. DATE OF DEATH (MONTH) June (DAY) 16, (YEAR) 1949

CAUSE OF DEATH (ITEM 18) 260X 0 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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus, chronic — INTERVAL BETWEEN ONSET AND DEATH: over 10 yrs

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
~~DUE~~ TO (b) Arteriosclerosis — Undetermined
DUE TO (c) Gangrene — Over one year

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Auricular fibrillation — Unk.

OPERATIONS, AUTOPSY 2
19A. DATE OF OPERATION: 1948
19B. MAJOR FINDINGS OF OPERATION: Reduction of fractures
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE X
21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jun 5, 1949 TO Jun 16, 1949 THAT I LAST SAW THE DECEASED ALIVE ON Jun 15, 1949 AND THAT DEATH OCCURRED AT 7:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: W. E. Frazier (DEGREE OR TITLE) M.D.
23B. ADDRESS: Mesa, Arizona
23C. DATE SIGNED: Jun 21, 1949

FUNERAL DIRECTOR AND REGISTRAR 33 ✓

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 6-18-49
24C. NAME OF CEMETERY OR CREMATORY: City Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
25A. DATE REC'D BY LOCAL REG.: 6-21-49
25B. REGISTRAR'S SIGNATURE: [signature]
26. FUNERAL DIRECTOR'S SIGNATURE: Meldrum Mortuary ADDRESS: Mesa, Ariz.
27. EMBALMER'S SIGNATURE: R. N. Daybell CERT. NO.: 228-A

FORM VS 2 REV. 4-49 15M