ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1718

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 766

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 50 yrs IN ARIZONA: 75+ yrs
C. CITY OR TOWN: Phoenix — XX IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1121 East Portland

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — XX IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1121 E. Portland

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Rosa B. (MIDDLE) C. (LAST) McGarr
4. SEX: female
5. COLOR OR RACE: white
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
7. DATE OF BIRTH: MONTH 12 DAY 28 YEAR '77
8. AGE (IN YEARS LAST BIRTHDAY): 75 — 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): At Home
9B. KIND OF BUSINESS OR INDUSTRY: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Prescott, Ariz.
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): XXXXXXXXXXXXXXXX
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Michael P. Sesmore
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown Garcia
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE — ADDRESS: Mrs. Albert Miller, Daughter, Bakersfield, Calif.
17. DATE OF DEATH (MONTH) March (DAY) 23, (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 260 X
+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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Atherosclerosis
DUE TO (C) Diabetes Mellitus — 6 mths

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: March 9/53
19B. MAJOR FINDINGS OF OPERATION: Thrombosis of Femoral Artery
20. AUTOPSY? YES ☐ NO XX

DEATH DUE TO EXTERNAL VIOLENCE

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 OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 26, 19 53, TO March 23/53, 19____, THAT I LAST SAW THE DECEASED ALIVE ON March 18/53 53. AND THAT DEATH OCCURRED AT 2:25 P.M. ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: N. J. McKeown — (DEGREE OR TITLE)
23B. ADDRESS: 926 E. McDowell Phoenix
23C. DATE SIGNED: March 24/53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL XXX CREMATION ☐ REMOVAL ☐
24B. DATE: 3-27-53
24C. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona.
25A. DATE REC'D BY LOCAL REG.: 3/26/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: R. L. Murphy — ADDRESS
27. EMBALMER'S SIGNATURE: R. L. Murphy — CERT. NO. 141A

WHITNEY & MURPHY FUNERAL HOME

FORM VS 2 REV. 4-15-52