ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2588

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 959

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 8 yrs. IN ARIZONA: 33 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): 2135 W. Wolf St.

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 ADDRESS (IF RURAL, GIVE LOCATION): 2135 W. Wolf St.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Nancy B. (MIDDLE) Elizabeth C. (LAST) Sneed

4. SEX: F
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
6B. NAME OF SPOUSE: Unk.
7. DATE OF BIRTH — MONTH: Oct. DAY: 6 YEAR: 1876
8. AGE (IN YEARS LAST BIRTHDAY): 76
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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: Thomas Brown
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Martha Feltman
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: H. Allen Sneed (son) ADDRESS: Same
17. DATE OF DEATH (MONTH) April (DAY) 20 (YEAR) 1953

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2-5 minutes

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary atherosclerosis — 5-10 yrs
DUE TO (C) Hypertension — 5-10 yrs

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Old Posterior Myocardial infarction — 4 mos

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 10, 1953 TO April 20, 1953 THAT I LAST SAW THE DECEASED ALIVE ON 16 April, 1953 AND THAT DEATH OCCURRED AT 5:26 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Lewis B Clayson (DEGREE OR TITLE) M.D.
23B. ADDRESS: 1313 N 2nd St Phoenix Ariz
23C. DATE SIGNED: 21 Apr 53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: April 24, 1953
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix
25A. DATE REC'D BY LOCAL REG.: 4/21/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore
27. EMBALMER'S SIGNATURE: James S Tatlamyer
ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA CERT. NO. 310

FORM VS 2 REV. 1-1-53