ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3745

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

77 08 E OF DEATH 8 AND 98 L RESIDENCE X –

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 1 hr. | IN ARIZONA 13 yrs.
C. CITY OR TOWN: Scottsdale ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Scottsdale Clinic

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Mohave
C. CITY OR TOWN: Wikieup ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Gen. Delivery

DECEDENT PERSONAL DATA 1 1 1 1 7 653

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Myron B. (MIDDLE) Byron C. (LAST) Butterfield

4. SEX: Male

5. COLOR OR RACE: White

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Nina M. Butterfield

7. DATE OF BIRTH: MONTH Mar. DAY 23 YEAR 1879

8. AGE (IN YEARS LAST BIRTHDAY): 74 | 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): Retired Minister

9B. KIND OF BUSINESS OR INDUSTRY: Clergy

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Michigan

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: Hiram B. Butterfield

14B. BIRTHPLACE (STATE OR COUNTRY): New York

15A. MOTHER'S MAIDEN NAME: Unknown

15B. BIRTHPLACE (STATE OR COUNTRY): Unknown

16. INFORMANT'S SIGNATURE ADDRESS: Nina M. Butterfield Wife Gen. Deliv. Wikieup Ariz.

17. DATE OF DEATH (MONTH) June (DAY) 14 (YEAR) 1953

CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 7200

‡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) Arteriosclerotic heart disease & coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 yr
DUE TO (B) — 8 hours
DUE TO (C)

ANTECEDENT CAUSES MORBID CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

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

OPERATIONS, AUTOPSY 2

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 June 1, 1953 TO June 14, 1953 THAT I LAST SAW THE DECEASED ALIVE ON June 14, 1953, AND THAT DEATH OCCURRED AT 4:30 p M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Donald F. Foley M.D.

23B. ADDRESS: Scottsdale

23C. DATE SIGNED: June 16 · 53

FUNERAL DIRECTOR AND REGISTRAR 84 2 113

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: 6-18-53

24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG.: 6-16-53

25B. REGISTRAR'S SIGNATURE: Ben E. Fox

26. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Nussbaum — ADDRESS: Phoenix

27. EMBALMER'S SIGNATURE: Leo C. Nussbaum — CERT. NO. 170

FORM VS 2 REV. 1-1-53