ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4177

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1

1. PLACE OF DEATH
A. COUNTY: Gila
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Rural
C. LENGTH OF STAY IN THIS PLACE: 1 Mo. IN ARIZONA: 43 Yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Natural Bridge Lodge

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Mesa
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 520 North Brimhall

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Even B. (MIDDLE) Joseph C. (LAST) Overson

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED

7. DATE OF BIRTH: MONTH 7 DAY 31 YEAR 09

8. AGE: YEARS 43 MONTHS 11 DAYS 2

IF UNDER 24 HOURS: HOURS ____ MIN. ____

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE. EVEN IF RETIRED): Doctor

9B. KIND OF BUSINESS OR INDUSTRY: Chiropodist

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona

11. CITIZEN OF WHAT COUNTRY?: USA

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.: 526-01-6290

14A. FATHER'S NAME: Henry C. Overson

14B. BIRTHPLACE (STATE OR COUNTRY): Utah

15A. MOTHER'S MAIDEN NAME: Margaret G. Jarvis

15B. BIRTHPLACE (STATE OR COUNTRY): Utah

16. INFORMANT'S SIGNATURE: ____ ADDRESS: Mesa, Arizona.

17. DATE OF DEATH: (MONTH) July (DAY) 3 (YEAR) 1953

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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Arteriosclerosis
DUE TO (c) Diabetes Mellitus

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

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 7/3 1953 TO 7/3 1953 THAT I LAST SAW THE DECEASED ALIVE ON 7/3 1953 AND THAT DEATH OCCURRED AT 11:15 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): J J Hughes MD

23B. ADDRESS: 26 E 8th. Tempe, Ariz.

23C. DATE SIGNED: 7/4/53

24A. BURIAL ☐ **CREMATION** ☐ **REMOVAL** ☒

24B. DATE: 7-3-53

24C. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery

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

25A. DATE REC'D BY LOCAL REG.: 7/6/53

25B. REGISTRAR'S SIGNATURE: Frank L. Randall

26. FUNERAL DIRECTOR'S SIGNATURE: Dan B. Nettz. ADDRESS: Springerville, Arizona.

27. EMBALMER'S SIGNATURE: Dan B. Nettz. CERT. NO. 266 A

FORM VS 2/REV. 3-50 15M