ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4855

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1827

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 3 wks. IN ARIZONA 40 yrs.
C. CITY OR TOWN: PHOENIX — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): GOOD SAMARITAN HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: MARICOPA
C. CITY OR TOWN: TOLLESON — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt. 1, Box 100 A

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Laura B. (MIDDLE) Alice C. (LAST) AMATOR

4. SEX: FEMALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: BERT AMATOR
7. DATE OF BIRTH: MONTH Oct. DAY 16 YEAR 1897
8. AGE (IN YEARS LAST BIRTHDAY): 55 — 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): Colorado
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.: Unk.
14A. FATHER'S NAME: Jacob Yockey
14B. BIRTHPLACE (STATE OR COUNTRY): Kansas
15A. MOTHER'S MAIDEN NAME: Unkk.
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: BERT AMATOR (husb) — ADDRESS: TOLLESON, ARIZONA
17. DATE OF DEATH (MONTH) (DAY) (YEAR): AUGUST 22, 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) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) unknown
DUE TO (C)

11. 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 [X] 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 May, 1953, TO 22 Aug, 1953 THAT I LAST SAW THE DECEASED ALIVE ON 22 Aug, 1953, AND THAT DEATH OCCURRED AT 11:15 p M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: Lessie Schmitt (DEGREE OR TITLE) M.D.
23B. ADDRESS: PHOENIX, ARIZONA
23C. DATE SIGNED: AUG. 24, 1953

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: August 26, 1953
24C. NAME OF CEMETERY OR CREMATORY: Memory Lawn Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG.: 8/25/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore — ADDRESS: A. L. MOORE & SONS, PHOENIX, ARIZONA
27. EMBALMER'S SIGNATURE: John T. Young — CERT. NO. 300

FORM VS 2 REV. 1-1-53

27 / 81 / 3108 — OF DEATH AND RESIDENCE
1 / 4 / 1 / 55 / 7 / 853 — DECEDENT PERSONAL DATA
0 / 0 — CAUSE OF DEATH (ITEM 18)
1 — OPERATIONS, AUTOPSY
1 — DEATH DUE TO EXTERNAL VIOLENCE
1 — MEDICAL OR CORONER'S CERTIFICATION
85 / 2 / 140 — FUNERAL DIRECTOR AND REGISTRAR