ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

# CERTIFICATE OF DEATH

STATE FILE NO. 4953
REGISTRAR'S NO. 1741

BIRTH NO.

**PLACE OF DEATH AND USUAL RESIDENCE** 27 74 0047

1. PLACE OF DEATH — A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 8 Yrs. — IN ARIZONA: 8 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): VAH Phoenix, Arizona

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — B. COUNTY: Maricopa
C. CITY OR TOWN: Sunnyslope — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 102 E. Townley

**DECEDENT PERSONAL DATA** 1 1 181 7 853

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST) Arthur — B. (MIDDLE) L. — C. (LAST) Plowman
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married-Separated
6B. NAME OF SPOUSE: Amanda Plowman
7. DATE OF BIRTH — MONTH: 6 — DAY: 23 — YEAR: 72
8. AGE (IN YEARS LAST BIRTHDAY): 81 — 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): Painter
9B. KIND OF BUSINESS OR INDUSTRY: Painting
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois
11. CITIZEN OF WHAT COUNTRY?: U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes — (IF YES, WAR OR DATES OF SERVICE): SAW
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: Joseph R. Plowman
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Martha Cays
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: VAH records, Phoenix, Arizona — ADDRESS
17. DATE OF DEATH — (MONTH) August — (DAY) 8 — (YEAR) 1953

**CAUSE OF DEATH (ITEM 18)** 0 0

## MEDICAL CERTIFICATION

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4200
‡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.

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) | Cardiac Insufficiency (congestive heart failure) | 5 Days |
| ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) | Arterio-sclerotic heart disease | 6 Yrs. |
| DUE TO (C) | Generalized arteriosclerosis | Indefinite |
| II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | Pulmonary emphysema | Indefinite |

**OPERATIONS, AUTOPSY** 1

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

**DEATH DUE TO EXTERNAL VIOLENCE** 4

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 VA ATTENDED THE DECEASED FROM 8-4, 1953 TO 8-8, 1953 XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX AND THAT DEATH OCCURRED AT Aug. 8, 1953 11:50 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): BM Lipschultz M.D. — B.M.Lipschultz, M.D., Chief Medical Service
23B. ADDRESS: VAH Phoenix, Arizona
23C. DATE SIGNED: 8-11-53

**FUNERAL DIRECTOR AND REGISTRAR** 85 2 108

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: Aug. 13, 1953
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park Cem
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG.: 8/12/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: Henry T. Forman — ADDRESS
27. EMBALMER'S SIGNATURE: George M Blake — CERT. NO. 285

ARIZONA FUNERAL HOME

FORM VS 2 REV. 1-1-53