ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5580

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1946

PLACE OF DEATH AND USUAL RESIDENCE 27 9 98 8101

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 1 yr; IN ARIZONA: 75 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): Arizona State Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Surprise — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt. 2 Bx.630 Peoria, Ariz.

DECEDENT PERSONAL DATA 1 1 1 18 4 953

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) William B. (MIDDLE) Wallace C. (LAST) Newman
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Getrude Newman
7. DATE OF BIRTH — MONTH: Oct DAY: 30 YEAR: 1874
8. AGE (IN YEARS LAST BIRTHDAY): 78 — 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): Stockman
9B. KIND OF BUSINESS OR INDUSTRY: Sheepman
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oregon
11. CITIZEN OF WHAT COUNTRY?: U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): — (IF YES, WAR OR DATES OF SERVICE): —
13. SOCIAL SECURITY NO.: —
14A. FATHER'S NAME: John W. Newman
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
15A. MOTHER'S MAIDEN NAME: Jane Davis Bennett
15B. BIRTHPLACE (STATE OR COUNTRY): Wisconsin
16. INFORMANT'S SIGNATURE: Arizona State Hospital — ADDRESS: Phoenix
17. DATE OF DEATH — (MONTH) September (DAY) 10 (YEAR) 1953

CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4281
‡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) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary sclerosis — 10 yrs
DUE TO (C) Generalized arteriosclerosis — 10 yrs
11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY 4

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

DEATH DUE TO EXTERNAL VIOLENCE 1 2

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 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-11, 19 52, TO 9-10, 19 53, THAT I LAST SAW THE DECEASED ALIVE ON 9-10, 19 53, AND THAT DEATH OCCURRED AT 12:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: [signature] — (DEGREE OR TITLE) M. D., Director
23B. ADDRESS: 2500 E. Van Buren St.
23C. DATE SIGNED: 9-10-53

FUNERAL DIRECTOR AND REGISTRAR 85 2 175

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 9-12-1953
24C. NAME OF CEMETERY OR CREMATORY: Resthaven Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Ariz.
25A. DATE REC'D BY LOCAL REG.: 9/10/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: Robert D. Lundberg — ADDRESS: Glendale, Ariz.
27. EMBALMER'S SIGNATURE: Robert D. Lundberg — CERT. NO.: 332

FORM VS 2 REV. 1-1-53