ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6102

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 100.

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY: IN THIS TOWN / IN ARIZONA
C. CITY OR TOWN: Globe — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION: Ranch — IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION: 17 miles South W. Globe, Ariz.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Gila
C. CITY OR TOWN: Globe — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Pioneer Ranch, 17 miies S. W. Globe, Arizona

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Horace B. (MIDDLE) Perry C. (LAST) Sheppard

4. SEX: male

5. COLOR OR RACE: white

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

6B. NAME OF SPOUSE: Lucy Cornett Sheppard

7. DATE OF BIRTH: MONTH Feb DAY 18 YEAR 1889

8. AGE (IN YEARS LAST BIRTHDAY): 64

IF UNDER 1 YEAR: MONTHS 7 DAYS 25 — IF UNDER 24 HRS.: HOURS)** MIN. **

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

9B. KIND OF BUSINESS OR INDUSTRY: cattle rancher

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas

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.: 527-07-2360

14A. FATHER'S NAME: Robert J Sheppard

14B. BIRTHPLACE (STATE OR COUNTRY): Texas

15A. MOTHER'S MAIDEN NAME: (unknown) Mullins

15B. BIRTHPLACE (STATE OR COUNTRY): Texas.

16. INFORMANT'S SIGNATURE: Mrs Lucy Sheppard — ADDRESS: Globe Ariz

17. DATE OF DEATH (MONTH) October (DAY) 13, (YEAR) 1953 at 1 p.m.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: one hour

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

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

19A. DATE OF OPERATION: none

19B. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10/10, 1953, TO Oct 13, 1953, THAT I LAST SAW THE DECEASED ALIVE ON Oct 13, 1953, AND THAT DEATH OCCURRED AT 1 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Clorenee Sunter M.D.

22B. ADDRESS: Globe Ariz

22C. DATE SIGNED: 10/14/53

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): none

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M: none

23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE: Lloyd Smith

24B. ADDRESS: Box 811 Globe Ariz

24C. DATE SIGNED: 10-15-53

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

25B. DATE: 10/16/53

25C. NAME OF CEMETERY OR CREMATORY: Globe Cemetery

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Globe Arizona

26A. DATE REC. BY LOCAL REG.: 10-16-53

26B. REGISTRAR'S SIGNATURE: Irene Vanalee

27A. FUNERAL DIRECTOR'S SIGNATURE / Embalmer's Signature: Jesse James Walker / Jesse James Walker

27B. ADDRESS: Globe, Arizona.

FORM VS-2 REV. 6-1-53 AMPCO 70385

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