ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6251

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 228

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 23 yrs; IN ARIZONA: 65 yrs
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 458 East Kimball

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 458 East Kimball

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Heber B. (MIDDLE) -- C. (LAST) Jarvis

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Susan J. Smith
7. DATE OF BIRTH — MONTH: Oct DAY: 14 YEAR: 60
8. AGE (IN YEARS LAST BIRTHDAY): 92 — 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): Blacksmith and Carpenter
9B. KIND OF BUSINESS OR INDUSTRY: Iron and Wood Construction
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY?: United States
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.: None
14A. FATHER'S NAME: George Jarvis
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Ann Prior
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE — ADDRESS: Susan Jarvis (Wife) Mesa, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): October 8, 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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Gangrene left foot — 3 wks.
DUE TO (C) Generalized Arteriosclerosis — 30 yrs.

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 ☐ 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 25 June, 1953, TO 8 October, 1953, THAT I LAST SAW THE DECEASED ALIVE ON 8 October, 1953, AND THAT DEATH OCCURRED AT 6:10 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE — (DEGREE OR TITLE): M. D.
23B. ADDRESS: Mesa, Arizona
23C. DATE SIGNED: 10-9-53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Oct 10, 1953
24C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
25A. DATE REC'D BY LOCAL REG.: 10-9-53
25B. REGISTRAR'S SIGNATURE: Donald J. Meldrum, Dep.
26. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Meldrum Mortuary Mesa, Arizona
27. EMBALMER'S SIGNATURE: R. N. Daybell — CERT. NO.: 228

FORM VS 2 REV. 1-1-53