ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3922

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1487

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 37 yrs; IN ARIZONA: 37 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): St. Joseph's Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 901 E. Baseline Road

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Charles B. (MIDDLE) Grover C. (LAST) CRAVER
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Della Craver
7. DATE OF BIRTH — MONTH: May DAY: 13 YEAR: 1869
8. AGE (IN YEARS LAST BIRTHDAY): 85 — 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): Citrus Grower
9B. KIND OF BUSINESS OR INDUSTRY: Oranges, Grapefruit
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa
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.: None
14A. FATHER'S NAME: Cornelius Craver
14B. BIRTHPLACE (STATE OR COUNTRY): New York
15A. MOTHER'S MAIDEN NAME: Elizabeth Light
15B. BIRTHPLACE (STATE OR COUNTRY): Illinois
16. INFORMANT'S SIGNATURE AND ADDRESS: Mrs. Della Craver, 901 E. Baseline Rd., Phoenix
17. DATE OF DEATH — (MONTH) July (DAY) 10 (YEAR) 1954

CAUSE OF DEATH (ITEM 18)

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary sclerosis — Unknown
DUE TO (C) Generalized arteriosclerosis — Unknown
Renal sclerosis — Unknown
Anemia — 2 yrs
Cerebral thrombosis — Feb 1952

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

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [ ] NO [X]

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 16, 1950, TO July 10, 1954, THAT I LAST SAW THE DECEASED ALIVE ON July 9, 1954, AND THAT DEATH OCCURRED AT 5:05 A. M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Dwight H Porter M. D.
22B. ADDRESS: 800 N. 1st Avenue, Phoenix
22C. DATE SIGNED: 7/13/54

DEATH DUE TO EXTERNAL VIOLENCE

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: —
23E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?: —

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE:
24B. ADDRESS:
24C. DATE SIGNED:

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: July 14, 1954
25C. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 7/13/54
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Murphy
27B. ADDRESS: 330 N. 2nd Ave.

FORM VS-2 REV. 6-1-53 AMPCO 70385 WHITNEY & MURPHY FUNERAL HOME PHOENIX, ARIZONA