ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7191

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 135

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 3 mos. IN ARIZONA: 65 yrs
C. CITY OR TOWN: Glendale ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Evans Rest Home

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz.
B. COUNTY: Graham
C. CITY OR TOWN: Safford ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1114 3rd Ave

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) IDA B. (MIDDLE) ISABELLE C. (LAST) NORTON

4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 3 DAY 10 YEAR 69
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? USA
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.: no ne
14A. FATHER'S NAME: Printess N. Norton
14B. BIRTHPLACE (STATE OR COUNTRY): New York
15A. MOTHER'S MAIDEN NAME: Nancy McFate
15B. BIRTHPLACE (STATE OR COUNTRY): Mo.
16. INFORMANT'S SIGNATURE: W. E. Norton ADDRESS: Mesa, Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Dec. 28, 1954

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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
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
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO 12-29-54 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ (DE... FROM THE CAUSES AND ON THE DATE STATED ABOVE.
I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED.
MARICOPA COUNTY MEDICAL EXAMINER
22A. SIGNATURE
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 12-29-54

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL CAUSE ☐ (SPECIFY)
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?

24A. CORONER'S SIGNATURE
24B. ADDRESS: Glendale, Ariz.
24C. DATE SIGNED: 12/29/54

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 12-29-54
25C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima, Ariz.

26A. DATE REC. BY LOCAL REG.: 12-29-54
26B. REGISTRAR'S SIGNATURE: Etta Butler Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Meldrum Mortuary
27B. ADDRESS: Mesa, Ariz.

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