

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

PLACE OF DEATH
AND
USUAL RESIDENCE
0047

DECEDENT
PERSONAL
DATA
73
4
758

451
CAUSE
OF
DEATH
ITEM 18)

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

137

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 37 hrs IN ARIZONA 31		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		D. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) GROVER		7. DATE OF BIRTH MONTH 9 DAY 22 YEAR 84		8. AGE (IN YEARS LAST BIRTHDAY) 73	
4. SEX M		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	
6B. NAME OF SPOUSE Sara L. Land		9. AGE (IN YEARS LAST BIRTHDAY) 73		10. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Retired	
11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATES OF SERVICE) YES WW I		13. SOCIAL SECURITY NO. 527-07-2541	
14A. FATHER'S NAME W. G. Land		14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky		15A. MOTHER'S MAIDEN NAME Mary C. Ward	
15A. BIRTHPLACE (STATE OR COUNTRY) Virginia		16. INFORMANT'S SIGNATURE VA Hospital Records, Phoenix, Arizona		17. DATE OF DEATH (MONTH) JULY (DAY) 22, (YEAR) 1958	
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		MEDICAL CERTIFICATION (A) Acute retroperitoneal hemorrhage DUE TO (B) Rupture of arteriosclerotic aneurysm of abdominal aorta. DUE TO (C) Generalized arteriosclerosis Arteriosclerotic heart disease	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7/16/58 TO 7/21/58 AND THAT DEATH OCCURRED AT 6:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE (PRINT OR TYPE) B. M. LIPSCHULTZ, M.D., Chief, Medical Service		22B. ADDRESS VA Hospital, Phoenix, Arizona	
22C. DATE SIGNED 7/21/58		23A. ACCIDENT (SPECIFY) SUICIDE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
23C. (CITY OR TOWN) (COUNTY) (STATE)		23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
23F. HOW DID INJURY OCCUR?		24A. CORONER'S SIGNATURE		24B. ADDRESS	
24C. DATE SIGNED		25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 7/25/58	
25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		26A. DATE REC. BY LOCAL REG. 7/25/58	
26B. REGISTRAR'S SIGNATURE Sarah H. Taylor, Deputy		26C. FUNERAL DIRECTOR'S SIGNATURE Henry J. Forman		26D. ADDRESS	
26E. EMBALMER'S SIGNATURE Henry J. Forman		26F. EMBALMER'S CERT. NO. 1502			