ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9432

BIRTH NO.

# CERTIFICATE OF DEATH

REGISTRAR'S NO. 3902

**1. PLACE OF DEATH**
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN: 3 yrs; IN ARIZONA: 3 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): Good Samaritan

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 5348 W. Mulberry St.
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) Oneita; B. (MIDDLE) Mae; C. (LAST) Hinkle

4. SEX: Female
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Paul H. Hinkle
7. DATE OF BIRTH: MONTH: Dec; DAY: 7; YEAR: 1920
8. AGE (IN YEARS LAST BIRTHDAY): 40; 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): Homemaker
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
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.: 499-26-8278
14A. FATHER'S NAME: Justin Smith
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Anna Evans
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Paul H. Hinkle
ADDRESS: 5348 W. Mulberry St. - Phx.
17. DATE OF DEATH: (MONTH) November (DAY) 16 (YEAR) 1961

**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) ACUTE HEART FAILURE
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.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct. 1961 TO Nov. 16 1961 THAT I LAST SAW THE DECEASED ALIVE ON Nov. 16 1961 AND THAT DEATH OCCURRED AT 10:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): John M. Sands M.D.
22B. ADDRESS: 200 E. MONTEREY WY.
22C. DATE SIGNED: 11.17.'61

**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?

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

**FUNERAL DIRECTOR AND REGISTRAR**
25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 11/16/61
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix Arizona
26A. DATE REC. BY LOCAL REG.: 11/16/61
26B. REGISTRAR'S SIGNATURE: Beulah Jones
27A. FUNERAL DIRECTOR'S SIGNATURE: Abbott C. Carney
27B. ADDRESS: Phoenix
28A. EMBALMER'S SIGNATURE: Abbott C. Carney
28B. EMBALMER'S CERT. NO.: 362A
Bethany Chapel

FORM VS-2 REV. 5-9-60 - 30M

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