Punched 8
Verified 9

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0318

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 139

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 2 yrs. IN ARIZONA: 2 yrs.
C. CITY OR TOWN: Phoenix ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 47 E. Ashland Ave.

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 ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 47 E. Ashland Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) AREFONZO B. (MIDDLE) C. (LAST) KIMBLER

4. SEX: M

5. COLOR OR RACE: W

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

6B. NAME OF SPOUSE: None

7. DATE OF BIRTH: MONTH: March DAY: 21 YEAR: 1870

8. AGE (IN YEARS LAST BIRTHDAY): 89
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): Farming & Carpenter

9B. KIND OF BUSINESS OR INDUSTRY: Farmer

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kentucky

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.: Unk.

14A. FATHER'S NAME: Nathenial Green Kimbler

14B. BIRTHPLACE (STATE OR COUNTRY): Kentucky

15A. MOTHER'S MAIDEN NAME: Martha Collins

15B. BIRTHPLACE (STATE OR COUNTRY): Kentucky

16. INFORMANT'S SIGNATURE: Mrs. Leonard Willoughby, (dau)
ADDRESS: Same

17. DATE OF DEATH: (MONTH) JANUARY (DAY) 9th, (YEAR) 1960

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) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

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 CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Arteriosclerosis — years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 19 58 TO Jan 19 60 THAT I LAST SAW THE DECEASED ALIVE ON Jan. 15, 19 60 AND THAT DEATH OCCURRED AT 4:15 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Robert Price M.D.
22B. ADDRESS: 3602 N. 15th Ave. Phx, Ari.
22C. DATE SIGNED: Jan. 9, 1960

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):
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?:

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

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: Jan. 12, 1960
25C. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Ashland, Kentucky

26A. DATE REC. BY LOCAL REG.: 1/11/60
26B. REGISTRAR'S SIGNATURE: Burdel Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Le Moore
27B. ADDRESS: 333 W. Adams St.
28A. EMBALMER'S SIGNATURE: Pope E. Lee
28B. EMBALMER'S CERT. NO.: 365

FORM VS-2 REV. 3-15-55 — 25M AMPCO 26302