ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 655

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1901

**E OF DEATH AND . RESIDENCE**

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
C. LENGTH OF STAY IN THIS PLACE: -- IN ARIZONA: --
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2431 W. Monroe

**CEDENT RSONAL DATA**

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ronald B. (MIDDLE) Lamar C. (LAST) Stevens.
4. SEX: Boy
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH MONTH Sept DAY 2 YEAR 1952
8. AGE YEARS MONTHS DAYS: IF UNDER 24 HOURS HOURS MIN.: Stillborn.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): None
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.: None
14A. FATHER'S NAME: James C. Stevens
14B. BIRTHPLACE (STATE OR COUNTRY): So. Carolina
15A. MOTHER'S MAIDEN NAME: Naomi Pierce
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: James C. Stevens, ADDRESS: Phoenix, Ariz.
17. DATE OF DEATH (MONTH) September (DAY) 2 (YEAR) 1952

**CAUSE OF DEATH (EM 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Ruptured Membranes.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Asphyxiation Baby
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

**RATIONS, UTOPSY**

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

**DEATH UE TO TERNAL OLENCE**

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

**EDICAL OROMER'S IFICATION**

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11:19P, 19____, TO ____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19____, AND THAT DEATH OCCURRED AT ____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Allen Gunn M.D. (DEGREE OR TITLE)
23B. ADDRESS: 753 E. McDowell
23C. DATE SIGNED: 9-3-52

**INERAL RECTOR AND GISTRAR**

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Sept 3, 1952
24C. NAME OF CEMETERY OR CREMATORY: Greenwood
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.
25A. DATE REC'D BY LOCAL REG.: 9/3/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore
ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA
27. EMBALMER'S SIGNATURE: W R Becker
CERT. NO. 311

FORM VS 2 REV. 8-50/20M