ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 409

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 252

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix, rural
C. LENGTH OF STAY: IN THIS PLACE 16½ yrs; IN ARIZONA 16½ yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 8335 N. Central

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, rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 8335 N. Central

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John; B. (MIDDLE) Ferdinand; C. (LAST) Morell

4. SEX: Male
5. COLOR OR RACE: White

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Feb; DAY 1; YEAR 1857
8. AGE: YEARS 94; MONTHS 11; DAYS 24
IF UNDER 24 HOURS: HOURS; MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Store proprietor
9B. KIND OF BUSINESS OR INDUSTRY: Hardware
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New York
11. CITIZEN OF WHAT COUNTRY?: USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE): No
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Ferdinand Morell
14B. BIRTHPLACE (STATE OR COUNTRY): France
15A. MOTHER'S MAIDEN NAME: Charlotte Josephine Vauvilliez
15B. BIRTHPLACE (STATE OR COUNTRY): France
16. INFORMANT'S SIGNATURE: Ferdinand W. Morell; ADDRESS: Phoenix, Ariz.
17. DATE OF DEATH: (MONTH) January (DAY) 25 (YEAR) 1952

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) Arteriosclerotic Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 2 plus yr
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Arteriosclerosis — 4 yr ?
DUE TO (c) Senility
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 ☒

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?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4:30 P. 1948 TO 25 Jan 1952 THAT I LAST SAW THE DECEASED ALIVE ON 20 Jan 1952 AND THAT DEATH OCCURRED AT 4:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): C. F. Risser M. D.
23B. ADDRESS: Phoenix, Arizona
23C. DATE SIGNED: 26 Jan 52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Jan 28, 1952
24C. NAME OF CEMETERY OR CREMATORY: Greenwood
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.

25A. DATE REC'D BY LOCAL REG.: 1/28/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore
27. EMBALMER'S SIGNATURE: W R Becker
ADDRESS: A. L. MOORE & SONS, PHOENIX, ARIZONA
CERT. NO.: 311

FORM VS 2 REV. ADM