ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1424

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 40

1. PLACE OF DEATH
A. COUNTY: Cochise
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Douglas
C. LENGTH OF STAY IN THIS PLACE: 1 week; IN ARIZONA: 40 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Douglas Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz. COUNTY: Cochise
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Portals
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rural

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Mora
B. (MIDDLE): Lee
C. (LAST): Moseley

4. SEX: female
5. COLOR OR RACE: white

6. MARRIED - - - - NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
7. DATE OF BIRTH: MONTH Nov DAY 25 YEAR 1870
8. AGE: YEARS 81 MONTHS 3 DAYS 13
IF UNDER 24 HOURS: HOURS ___ MIN. ___
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U S
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): — (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: —
14A. FATHER'S NAME: Y A Matthews
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Lou Ann Coke
15B. BIRTHPLACE (STATE OR COUNTRY): unknown
16. INFORMANT'S SIGNATURE: Sam L Moseley ADDRESS: Portal, Ariz.
17. DATE OF DEATH (MONTH) March (DAY) 8 (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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3yrs
Generalized
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Myocardial failure. — 12hrs.
DUE TO (c)

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 Mar. 1, 1952 TO Mar. 8, 1952 THAT I LAST SAW THE DECEASED ALIVE ON Mar. 8, 1952 AND THAT DEATH OCCURRED AT 12:30 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: R E Montgomery (DEGREE OR TITLE) M.D.
23B. ADDRESS: Douglas Ariz.
23C. DATE SIGNED: 3/10/52

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 3-11-52
24C. NAME OF CEMETERY OR CREMATORY: Paradise
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Paradise, Ariz.
25A. DATE REC'D BY LOCAL REG.: Mar. 11-52
25B. REGISTRAR'S SIGNATURE: E C Adamson
26. FUNERAL DIRECTOR'S SIGNATURE: Gordon Brown ADDRESS: Douglas
27. EMBALMER'S SIGNATURE: Gordon Brown CERT. NO. 238

FORM VS 2 REV. 8-50 20M