ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4852

BIRTH NO. 2999

CERTIFICATE OF DEATH

REGISTRAR'S NO. 160

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: Life; IN ARIZONA:
C. CITY OR TOWN: Mesa — [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): Southside Hospital

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): 2945 N. 47th Street

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Scott B. (MIDDLE) Mangum C. (LAST) Smith

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE: ———
7. DATE OF BIRTH — MONTH: Feb DAY: 28 YEAR: 1955
8. AGE (IN YEARS LAST BIRTHDAY) — IF UNDER 1 YEAR: MONTHS: 5 DAYS: 3 — IF UNDER 24 HRS.: HOURS: MIN.:
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: Asabel Henry Smith
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Marla Mangum
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Henry Smith ADDRESS: 2945 N. 47th Street Phx.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): August 3, 1955

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Congenital Heart Disease.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Large patent foramen ovale.
DUE TO (C) Coarctation of aorta.
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4 Aug 55
19B. MAJOR FINDINGS OF OPERATION: See above.
20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jun 18, 1955, TO Aug 3, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Aug 3, 1955, AND THAT DEATH OCCURRED AT 10:20 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Fred E Ewart M.D.
22B. ADDRESS: 24 N. Hibbert St. Mesa
22C. DATE SIGNED: 5 Aug 55

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: 8/5/55
25C. NAME OF CEMETERY OR CREMATORY: Memory Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 8-5-55
26B. REGISTRAR'S SIGNATURE: R. M. Daybell Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: L. M. Mortenson
27B. ADDRESS: Phx. Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 70385