

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2465

BIRTH NO.

77  
OF DEATH  
AND  
74  
RESIDENCE

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. LENGTH OF STAY IN THIS TOWN   IN ARIZONA <b>20 yrs.</b>   <b>20 yrs.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b>	
C. CITY OR TOWN <b>Phoenix</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Phoenix</b> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>4626 E. Van Buren St.</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>4626 E. Van Buren St.</b>	

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ATA 163  
4  
X55

3. NAME OF DECEASED A. (FIRST) <b>JEWELL</b> B. (MIDDLE) C. (LAST) <b>COX</b>			4. SEX <b>M</b>	5. COLOR OR RACE <b>W</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	
6B. NAME OF SPOUSE <b>Maud Cox</b>		7. DATE OF BIRTH MONTH   DAY   YEAR <b>Oct.</b>   <b>8</b>   <b>1892</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>63</b>	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) <b>Baker</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>Bakery</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arkansas</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>No</b>	13. SOCIAL SECURITY NO. <b>Unk.</b>		
14A. FATHER'S NAME <b>F. A. Cox</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arkansas</b>	15A. MOTHER'S MAIDEN NAME <b>Lois Anderson</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arkansas</b>	
16. INFORMANT'S SIGNATURE <b>Mrs. Maud M. Cox, (wife)</b>			ADDRESS <b>Same</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>NOVEMBER 1 1955</b>	

AUSE  
OF  
DEATH  
(EM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (C). ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.  PLACE DISEASE CONTRACTED.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ <b>(A) Cerebral vascular accident</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <b>(B) Essential Hypertension</b>		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

ACTIONS,  
TOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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DICAL  
IFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **10-28**, 19**55**, TO **11-1**, 19**55**, THAT I LAST SAW THE DECEASED ALIVE ON **11-1**, 19**55**, AND THAT DEATH OCCURRED AT **4:50** P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

22A. SIGNATURE (DEGREE OR TITLE) <b>Norman H. Kurzer, D.O.</b>	22B. ADDRESS <b>1310 E. Van Buren St. Phoenix,</b>	22C. DATE SIGNED <b>Nov. 2, 1955</b>
23A. ACCIDENT (SPECIFY) <b>SUICIDE</b>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>M</b>	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

ONER'S  
ICATION

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

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>Nov. 3, 1955</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Greenwood Memorial Park</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Arizona</b>
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AND  
ISTRAR

26A. DATE REC. BY LOCAL REG. <b>11/2/55</b>	26B. REGISTRAR'S SIGNATURE <b>Bessie Johnston</b>	27A. FUNERAL DIRECTOR'S SIGNATURE <b>O. Lee Moore</b>	27B. ADDRESS <b>A. L. MOORE &amp; SONS PHOENIX, ARIZONA</b>
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