ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0903

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 354

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: Life; IN ARIZONA: Life
C. CITY OR TOWN: Phoenix — [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): St. Joseph's 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): 2310 North 22nd Street

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Baby Edward
B. (MIDDLE): Boy Jude
C. (LAST): Mabee

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): ********
6B. NAME OF SPOUSE: ********
7. DATE OF BIRTH — MONTH: Feb; DAY: 4; YEAR: 1956
8. AGE (IN YEARS LAST BIRTHDAY): —; IF UNDER 1 YEAR — MONTHS: ; DAYS: ; IF UNDER 24 HRS. — HOURS: 2; MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): ********
9B. KIND OF BUSINESS OR INDUSTRY: ********
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Phoenix, Arizona
11. CITIZEN OF WHAT COUNTRY?: U. S. A.
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: Donald Mabee
14B. BIRTHPLACE (STATE OR COUNTRY): Indiana
15A. MOTHER'S MAIDEN NAME: Louise Jackson
15B. BIRTHPLACE (STATE OR COUNTRY): Indiana
16. INFORMANT'S SIGNATURE — ADDRESS: Donald Mabee, 2310 N. 22nd St., Phoenix, Ariz.
17. DATE OF DEATH — (MONTH): February; (DAY): 4; (YEAR): 1956

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): Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B):
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 [X] 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 2-4, 19 56, TO 2-4, 19 56 THAT I LAST SAW THE DECEASED ALIVE ON 5:50 P.M., 19 56 AND THAT DEATH OCCURRED AT 8:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Robert W. Ripley M.D.
23B. ADDRESS: Grenow Clinic, Ariz.
23C. DATE SIGNED: 2/4/56

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: Feb 9, 1956
24C. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG.: 2/8/56
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: W. L. Murphy
27. EMBALMER'S SIGNATURE: W. L. Murphy
ADDRESS: 330 N. 2nd Avenue
CERT. NO.: 141

FORM VS 2 REV. 1-1-53 — 1 — WHITNEY & MURPHY FUNERAL HOME Phoenix, Arizona