ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1064

BIRTH NO. 990

CERTIFICATE OF DEATH

REGISTRAR'S NO. 4-56

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 16 days; IN ARIZONA 16 days
C. CITY OR TOWN: Scottsdale ☐ IN CITY LIMITS XXX OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4829 East Palm Lane

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Scottsdale ☐ IN CITY LIMITS XXX OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 4829 East Palm Lane

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) GARY B. (MIDDLE) ALAN C. (LAST) ELLSWORTH

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 1- DAY 23 YEAR 56
8. AGE (IN YEARS LAST BIRTHDAY): ---; IF UNDER 1 YEAR: MONTHS ---, DAYS 16; 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:
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: DENNIS REID ELLSWORTH
14B. BIRTHPLACE (STATE OR COUNTRY): ARIZ
15A. MOTHER'S MAIDEN NAME: ATALOAH LEWIS
15B. BIRTHPLACE (STATE OR COUNTRY): TEXAS
16. INFORMANT'S SIGNATURE: Dennis Reid Ellsworth- ADDRESS: Scottsdale, Ariz.
17. DATE OF DEATH: (MONTH) FEB. (DAY) 8, (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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Bronchopneumonia — 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 ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON ____, 19__, AND THAT DEATH OCCURRED ON ____ (DATE OR TIME). ☐ I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED ON 2-8-56, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED ON ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Robert L. Gordon, MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 2-8-56

23. DEATH DUE TO EXTERNAL VIOLENCE
ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): About Home
23C. (CITY OR TOWN) (COUNTY) (STATE): Scottsdale Maricop Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24. CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: Ben E. Fox
24B. ADDRESS: Scottsdale Arizona
24C. DATE SIGNED: 2-9-56

25. FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL XX CREMATION ☐ REMOVAL ☐
25B. DATE: 2-10-56
25C. NAME OF CEMETERY OR CREMATORY: East Rest Haven Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.
26A. DATE REC. BY LOCAL REG.: 2-9-56
26B. REGISTRAR'S SIGNATURE: Ben E. Fox
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: MELDRUM MORTUARY, 52 N. Macdonald Mesa, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 6-54 15M 79573