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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2480

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 107

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 4 yrs; IN ARIZONA 4 yrs
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: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 52 North Beverly

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Vivian B. (MIDDLE) ------ C. (LAST) Jenson
4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 7 DAY 11 YEAR 92
8. AGE (IN YEARS LAST BIRTHDAY): 63 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? United States
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.:
14A. FATHER'S NAME: David Edwards Stevens
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Kate Kenney
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Thomas W. Welch (son) ADDRESS: Manila, Utah
17. DATE OF DEATH: (MONTH) April (DAY) 19 (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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Essential hypertension — Unknown
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriolar nephrosclerosis, Atherosclerosis, emphysema & focal bronchopneumonia

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-18, 19 56 TO 4-19-56, 19 ___, THAT I LAST SAW THE DECEASED ALIVE ON 4-19-56, 19 ___, AND THAT DEATH OCCURRED AT 3:30 p. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: J. Edwin Keppel (DEGREE OR TITLE) M.D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 4-20-56

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 [ ] CREMATION [ ] REMOVAL [X]
25B. DATE: 4-20-56
25C. NAME OF CEMETERY OR CREMATORY:
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Manila, Utah
26A. DATE REC. BY LOCAL REG.: 4-20-56
26B. REGISTRAR'S SIGNATURE: Donald Muldrum Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: MELDRUM MORTUARY, 52 N. Macdonald Mesa, Ariz.

MELDRUM MORTUARY & CHAPEL

FORM VS-2 REV. 6-1-55 AMPCO 77895

27 / OF DEATH / AND 24 / RESIDENCE 0223 / 1 / 2 / CEDENT 4 / RSONAL DATA 163 / 7 / 7 / 456 / 331 X / CAUSE OF DEATH (ITEM 18) 0 / 0 / RATIONS, UTOPSY 1 / EDICAL 4 / FICATION / 33 / NERAL ECTOR AND ISTRAR 2 / 104