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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3791

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1486

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): 3820 N. 7th St.

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): 3820 N. 7th St.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) BETTY — B. (MIDDLE) M. — C. (LAST) DAVEY

4. SEX: F — 5. COLOR OR RACE: W — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

6B. NAME OF SPOUSE: None

7. DATE OF BIRTH — MONTH: Aug. DAY: 25 YEAR: 1895

8. AGE (IN YEARS LAST BIRTHDAY): 60 — 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): House wife

9B. KIND OF BUSINESS OR INDUSTRY: At home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona

11. CITIZEN OF WHAT COUNTRY? U.S.A.

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.: Unk.

14A. FATHER'S NAME: William Morgan

14B. BIRTHPLACE (STATE OR COUNTRY): Unk.

15A. MOTHER'S MAIDEN NAME: Juana Artego

15B. BIRTHPLACE (STATE OR COUNTRY): Calif.

16. INFORMANT'S SIGNATURE: Mr. Robert Selman, (nephew) — ADDRESS: Luke AFB, Arizona

17. DATE OF DEATH — (MONTH): JUNE (DAY): 7th (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) Carcinoma of parotid — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar. 13, 1956 TO June 7, 1956, THAT I LAST SAW THE DECEASED ALIVE ON June 6, 1956, AND THAT DEATH OCCURRED AT 3:35 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Wheeler B. Stanley, M.D. — 22B. ADDRESS: 550 W. Thomas Rd. Phoenix, Ari — 22C. DATE SIGNED: June 9, 1956

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?

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

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ] — 25B. DATE: June 11, 1956 — 25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park — 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 6/11/56 — 26B. REGISTRAR'S SIGNATURE: Beulah Johnston — 27A. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore — 27B. ADDRESS: A. L. MOORE & SON, PHOENIX, ARIZONA

FORM VS-2 REV. 6-1-53 AMPCO 7[illegible]