ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5207

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2028

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 16 yrs. IN ARIZONA: 16 yrs.
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1751 W. Desert Cove Rd.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 1751 W. Desert Cove Rd. E. IF RURAL, GIVE LOCATION: IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JESSE B. (MIDDLE) ROSS C. (LAST) CORFEE

4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Lillian E. Corfee
7. DATE OF BIRTH — MONTH: July DAY: 10 YEAR: 1896
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): St. Highway Dept.
9B. KIND OF BUSINESS OR INDUSTRY: State Highway
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): W. Virginia
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): WW I Army
13. SOCIAL SECURITY NO.: Unk.
14A. FATHER'S NAME: George Corfee
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Marg Taeplor
15B. BIRTHPLACE (STATE OR COUNTRY): W. Virginia
16. INFORMANT'S SIGNATURE: Mrs. Lillian E. Corfee, (Same) ADDRESS: wife
17. DATE OF DEATH — (MONTH) AUGUST (DAY) 19th (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) Coronary Occlusion
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerotic Heart Disease
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: Minutes / years

II. OTHER SIGNIFICANT 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 ____ (DATE). I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED ON 14 Aug., 1956, THAT I LAST SAW THE DECEASED ALIVE ON 14 Aug. 1956 AT 2:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Orl L. Humphreys MD — MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix, Arizona
22C. DATE SIGNED: 19 Aug 56

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural Causes
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): In the home
23C. (CITY OR TOWN) (COUNTY) (STATE): Phoenix, Maricopa, Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Aug. 19, 1956 2:30 a.m.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Natural Causes

24A. CORONER'S SIGNATURE: Stanley Kurtz Coroner
24B. ADDRESS: N. West Phoenix, Arizona
24C. DATE SIGNED: Aug. 21, 1956

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Aug. 23, 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.: 8/22/56
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Moore
27B. ADDRESS: O. L. MOORE & SONS, PHOENIX, ARIZONA
28. EMBALMER'S SIGNATURE: Earl A. Rawson
28B. EMBALMER'S CERT. NO.: 326

FORM VS-2 REV. 3-15-55 [illegible]

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