ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5708 V

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2183

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 21 yrs. IN ARIZONA 21 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): 2129 E. Pierce St.

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 (IF RURAL, GIVE LOCATION): 2129 E. Pierce St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) CHARLOTTE B. (MIDDLE) B. C. (LAST) MORELL

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 Nov. DAY 29 YEAR 1874
8. AGE (IN YEARS LAST BIRTHDAY): 81 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): Mass.
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.: None
14A. FATHER'S NAME: George Paul Warner
14B. BIRTHPLACE (STATE OR COUNTRY): Mass.
15A. MOTHER'S MAIDEN NAME: Mary Cretchelow
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: Mr. Ferdinand W. Morell, (son) ADDRESS: Same
17. DATE OF DEATH: (MONTH) SEPTEMBER (DAY) 8th (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, ASYSTOLIA, 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 — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis
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 Jan 1, 1953, TO 9-8, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 9-8, 1956, AND THAT DEATH OCCURRED AT 7:50 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Dean Terry Moats (DEGREE OR TITLE) M.D.
22B. ADDRESS: 1130 E. McDowell Rd. Phx, Ari.
22C. DATE SIGNED: Sept. 10, 1956

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 ☐
25B. DATE: Sept. 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.: 9/11/56
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Moore
27B. ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA
28. EMBALMER'S SIGNATURE: Caldwell, Tracy
28B. EMBALMER'S CERT. NO. 282

FORM VS-2 REV. 3-15-55