ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5862

BIRTH NO. 305 33

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2195

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 10 mo. IN ARIZONA 10 mo.
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): Maricopa County Hospital

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): 1828 W. Madison
IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) YASMINE B. (MIDDLE) ANNETTE C. (LAST) MOSES (BLACK)
4. SEX: Female
5. COLOR OR RACE: Negro
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): -
6B. NAME OF SPOUSE: -
7. DATE OF BIRTH: MONTH Oct. DAY 25 YEAR 1955
8. AGE (IN YEARS LAST BIRTHDAY): -
IF UNDER 1 YEAR: MONTHS 10 DAYS 15
IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): -
9B. KIND OF BUSINESS OR INDUSTRY: -
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Phoenix, Ariz.
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): -
(IF YES, WAR OR DATES OF SERVICE): -
13. SOCIAL SECURITY NO.: -
14A. FATHER'S NAME: Curtis Black
14B. BIRTHPLACE (STATE OR COUNTRY): Okla.
15A. MOTHER'S MAIDEN NAME: Irene Moses
15B. BIRTHPLACE (STATE OR COUNTRY): Okla.
16. INFORMANT'S SIGNATURE: Irene Moses ADDRESS: 1828 W. Madison
17. DATE OF DEATH (MONTH) SEPTEMBER (DAY) 10th (YEAR) 1956

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Congenital heart disease patent

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Ductus arteriosus patent

DUE TO (C) Foramen ovale; Coarctation of Aorta.

PLACE DISEASE CONTRACTED.

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 8th, 1956, TO Sept. 10th 1956, THAT I LAST SAW THE DECEASED ALIVE ON Sept. 10th, 1956 AND THAT DEATH OCCURRED AT 4:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): H. B. Gale M.D.
22B. ADDRESS: 3435 W. Durango, Phoenix, Ariz.
22C. DATE SIGNED: 9-11-56

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE
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: 9-13-56
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 9/12/56
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Wallace Crooned
27B. ADDRESS: 1122 E. Jefferson St. Phoenix, Arizona
28. EMBALMER'S SIGNATURE: Wallace Crooned
28B. EMBALMER'S CERT. NO.: 3768

FORM VS-2 REV. 3-15-55 (Rev. 1)

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