ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4049

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 141

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 3 hrs IN ARIZONA: Life
C. CITY OR TOWN: 3/4 Mi. N.E. Granite Reef Dam. -MESA- ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Verde River

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): 1736 E. Henshaw
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Jose
B. (MIDDLE): Abel
C. (LAST): Talbo

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE: - - - - - - - - -
7. DATE OF BIRTH: MONTH 10 DAY 28 YEAR 48
8. AGE (IN YEARS LAST BIRTHDAY): 8 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): Child
9B. KIND OF BUSINESS OR INDUSTRY: None
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.: None
14A. FATHER'S NAME: James Talbo
14B. BIRTHPLACE (STATE OR COUNTRY): Phillipines
15A. MOTHER'S MAIDEN NAME: Lydia Daniels
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: James Talbo ADDRESS: 1746 E. Henshaw
17. DATE OF DEATH: (MONTH) June (DAY) 8 (YEAR) 1957

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) Drowning — INTERVAL BETWEEN ONSET AND DEATH
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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____ TO 6-16, 19 57 THAT I LAST SAW THE DECEASED ALIVE ON ____, 19____, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED.

22A. SIGNATURE (DECEASED): Thomas B. Jamison MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 6-16-57

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Public place (Verde River)
23C. (CITY OR TOWN) (COUNTY) (STATE): Mesa-Rural, Mari. Ariz
23D. TIME OF INJURY (MONTH) 6 (DAY) 8 (YEAR) 57 (HOUR) 12 Noon M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Boy accidently fell in river

24A. CORONER'S SIGNATURE: Coy B. Beasley
24B. ADDRESS: Chandler, Arizona
24C. DATE SIGNED: 6/19/57

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 6/21/57
25C. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 6-19-57
26B. REGISTRAR'S SIGNATURE: R. M. Daywell Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: Leland M. Mortensen
27B. ADDRESS: Phoenix, Arizona
28. EMBALMER'S SIGNATURE: Leland M. Mortensen
28B. EMBALMER'S CERT. NO.: 261

FORM VS-2 REV. 3-15-56

DECEDENT PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
OPERATIONS, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR