X

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5231

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2125

(Left margin coding: ...E OF DEATH 7 27 / 9 AND 7 4 / ...L RESIDENCE 0308 / DECEDENT PERSONAL DATA 764 / 85 / 332 X CAUSE OF DEATH (ITEM 18) / ...ERATIONS, AUTOPSY / MEDICAL ...TIFICATION / DEATH DUE TO EXTERNAL VIOLENCE / ...ORONER'S ...TIFICATION / FUNERAL DIRECTOR AND ...EGISTRAR 85)

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 31 yrs. IN ARIZONA 40 yrs.
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): Good Samaritan 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 [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS: 1942 W. Georgia
E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) HARVEY B. (MIDDLE) M. C. (LAST) COE
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mary E. Coe
7. DATE OF BIRTH: MONTH May DAY 20 YEAR 1893
8. AGE (IN YEARS LAST BIRTHDAY): 64
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): Gas station owner
9B. KIND OF BUSINESS OR INDUSTRY: Gas & Oil
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Mexico
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 1
13. SOCIAL SECURITY NO.: Unk.
14A. FATHER'S NAME: Jasper Coe
14B. BIRTHPLACE (STATE OR COUNTRY): Virginia
15A. MOTHER'S MAIDEN NAME: Unk.
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: Mrs. Mary E. Coe, (wife) ADDRESS: Same
17. DATE OF DEATH: (MONTH) AUGUST (DAY) 10th, (YEAR) 1957

MEDICAL CERTIFICATION

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.

		Interval between onset and death
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡	(A) BASILAR ARTERY THROMBOSIS	10 MIN.
ANTECEDENT CAUSES: MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	DUE TO (B) CEREBRAL ARTERIOSCLEROSIS	YEARS
	DUE TO (C) —	
II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	RUPTURE OF ESOPHAGUS (SPONTANEOUS)	10 DAYS

PLACE DISEASE CONTRACTED.

19A. DATE OF OPERATION: 8/12/57
19B. MAJOR FINDINGS OF OPERATION: BASILAR ARTERY THROMBOSIS - PEPTIC ULCER - STOMACH
20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM JULY 29, 19 57, TO 8/10, 19 57, THAT I LAST SAW THE DECEASED ALIVE ON 8/10, 19 57, AND THAT DEATH OCCURRED AT 6:58 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): J. E. Cook M.D.
22B. ADDRESS: 1130 E. McDowell Rd. Phx, Ari.
22C. DATE SIGNED: Aug. 12, 1957

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: Aug. 13, 1957
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 8/13/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: A. Le Moore
27B. ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA
28. EMBALMER'S SIGNATURE: Richard W. Tracy
28B. EMBALMER'S CERT. NO.: 282

1110

FORM VS-2 REV. 3-15-55