ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7582

CERTIFICATE OF DEATH

REGISTRAR'S NO. 246

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: Life; IN ARIZONA: Life
C. CITY OR TOWN: Mesa — [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): Southside District Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS: 847 East 6th. Ave.
E. IS RESIDENCE ON A FARM? YES [ ] NO [X] (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Dianna B. (MIDDLE): Lee C. (LAST): Judd
4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 8 DAY: 30 YEAR: 55
8. AGE (IN YEARS LAST BIRTHDAY): 2 — 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): None
9B. KIND OF BUSINESS OR INDUSTRY: Child
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: Floyd F. Judd
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Mary Dungy
15B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
16. INFORMANT'S SIGNATURE: Floyd F. Judd ADDRESS: Mesa, Arizona
17. DATE OF DEATH (MONTH): Nov. (DAY): 7, (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) Poisoning - Codeine Phenobarbital — INTERVAL BETWEEN ONSET AND DEATH: 36 hours
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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/6/57, 19__, TO 11-7-57, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 11-7-57, 19__, AND THAT DEATH OCCURRED AT 7:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John W. Moon (DEGREE OR TITLE): M.D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 11-8-57

23A. ACCIDENT [X] SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): HOME
23C. (CITY OR TOWN) (COUNTY) (STATE): MESA MARICOPA ARIZ
23D. TIME OF INJURY (MONTH) 11 (DAY) 6 (YEAR) 57 (HOUR) 7 A.M.
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
23F. HOW DID INJURY OCCUR? TOOK PILLS FROM MOTHERS PURSE

24A. CORONER'S SIGNATURE: Lawrence E. Mullenaux
24B. ADDRESS: Mesa, Arizona
24C. DATE SIGNED: 11-8-57

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 11-9-57
25C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 11-9-57
26B. REGISTRAR'S SIGNATURE: R. M. Bayliss Dep
27A. FUNERAL DIRECTOR'S SIGNATURE: R. M. Bayliss
27B. ADDRESS: MELDRUM MORTUARY ~~52 N. Macdonald Mesa, Ariz.~~
28. EMBALMER'S SIGNATURE: R. M. Bayliss
28B. EMBALMER'S CERT. NO.: 228A

FORM VS-2 REV. 3-15-55

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