ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3 0357

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 10 Yrs; IN ARIZONA 25 Yrs
C. CITY OR TOWN: 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): Mesa Southside Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 501 So. Solomon St. — E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): James
B. (MIDDLE): Alvin
C. (LAST): Allred

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Billie Allred
7. DATE OF BIRTH: MONTH 7 DAY 20 YEAR 32
8. AGE (IN YEARS LAST BIRTHDAY): 25
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): Floor Sander
9B. KIND OF BUSINESS OR INDUSTRY: Floor sanding
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
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.: Yes
14A. FATHER'S NAME: Joseph Allred
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Myrtle Porter
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Joseph Allred — ADDRESS: Mesa, Arizona
17. DATE OF DEATH: (MONTH) 1 (DAY) 21 (YEAR) 58

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) Thermal Burns — INTERVAL BETWEEN ONSET AND DEATH: 20 hours
90% of skin
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 1-20, 1958 TO 1-21, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 1-21, 1958, AND THAT DEATH OCCURRED AT 11:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Franklin B. Hanebuck
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 1-24-58

DEATHS DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
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) 1 (DAY) 20 (YEAR) 58 (HOUR) 4:15 A.M.
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Gas Heater Explosion

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: Lawrence E. Mullenaux
24B. ADDRESS: Mesa, Arizona
24C. DATE SIGNED: 1-24-58

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 1-25-58
25C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 1-24-58
26B. REGISTRAR'S SIGNATURE: J. M. Daybell Dep
27A. FUNERAL DIRECTOR'S SIGNATURE: Russell M. Daybell
27B. ADDRESS: MELDRUM MORTUARY, 52 N. Macdonald Mesa, Ariz.
28. EMBALMER'S SIGNATURE: Russell M. Daybell
28B. EMBALMER'S CERT. NO.: 228A

FORM VS-2 REV. 3-15-55 (1)
MELDRUM MORTUARY & CHAPEL

7 27 OF DEATH AND 24 RESIDENCE 0323
DECEDENT 1 PERSONAL DATA 1 5 0 158
9160 CAUSE OF DEATH (ITEM 18) 0 0
ATIONS, UTOPSY 2
MEDICAL IFICATION 24 27 2 14
DEATHS DUE TO EXTERNAL VIOLENCE 3
CORONER'S IFICATION 5
UNERAL 33 RECTOR AND GISTRAR 2
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