ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0758

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 222

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 3 yrs. IN ARIZONA 51 yrs.
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Mary's Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY:
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2319 E. Helene
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Emma B. (MIDDLE) C. (LAST) Morrell
4. SEX: F
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ------
7. DATE OF BIRTH: MONTH 8 DAY 7 YEAR 1885
8. AGE (IN YEARS LAST BIRTHDAY): 73
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Housework
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U. S.
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.: ---
14A. FATHER'S NAME: ----------
14B. BIRTHPLACE (STATE OR COUNTRY): ----
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): ---
16. INFORMANT'S SIGNATURE: Mrs. Ruth Randall ADDRESS: Tucson
17. DATE OF DEATH (MONTH) (DAY) (YEAR): January 29, 1958

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) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Venous Congestion — 4 days
DUE TO (C) Varicose Veins — 4 yrs.
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Rt. Inguinal Hernia — 1 year

19A. DATE OF OPERATION: JAN. 27, 1958
19B. MAJOR FINDINGS OF OPERATION: Rt. Indirect Inguinal Hernia
20. AUTOPSY? YES X NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM JAN. 24, 1958 TO JAN. 29, 1958, THAT I LAST SAW THE DECEASED ALIVE ON JAN. 29, 1958, AND THAT DEATH OCCURRED AT 10:00 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Everett Perry, M.D.
22B. ADDRESS: 1602 No. Norton, Tucson
22C. DATE SIGNED: JAN. 31, 1958

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 ☐ CREMATION ☐ REMOVAL ☐
25B. DATE: 1/30/58
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Arizona
26A. DATE REC. BY LOCAL REG.: 2-7-58
26B. REGISTRAR'S SIGNATURE: Clara H. Cox, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Wm. E. Locum
27B. ADDRESS: Arizona Mortuary
28. EMBALMER'S SIGNATURE: Pablo E. Cota
28B. EMBALMER'S CERT. NO.: 297

FORM VS-2 REV. 3-15-55 (REVISED)

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