ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1293

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 705

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 15 days IN ARIZONA: 48 yrs.
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 7520 N. Central Ave.

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): 7520 N. Central Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) AZEZ B. (MIDDLE) N. C. (LAST) BASHA
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mary Basha
7. DATE OF BIRTH: MONTH 2 DAY 9 YEAR 08
8. AGE (IN YEARS LAST BIRTHDAY): 50
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): Owner
9B. KIND OF BUSINESS OR INDUSTRY: Grocery Chain
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New York
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): W W II
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: NAJEEB BASHA
14B. BIRTHPLACE (STATE OR COUNTRY): LEBANON
15A. MOTHER'S MAIDEN NAME: NAJEEBY SROOR
15B. BIRTHPLACE (STATE OR COUNTRY): LEBANON
16. INFORMANT'S SIGNATURE: Mrs. Mary Basha, (wife) — ADDRESS: Same
17. DATE OF DEATH (MONTH) FEBRUARY (DAY) 27th, (YEAR) 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (A) CARCINOMATOSIS LUNGS — INTERVAL BETWEEN ONSET AND DEATH: 7 MO
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) NEPHRONOID CARCINOMA LEFT KIDNEY — 4½ YRS.
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 APR. 1953 TO Feb 27 1958, THAT I LAST SAW THE DECEASED ALIVE ON 2-27 1958, AND THAT DEATH OCCURRED AT 3:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): [signature] M.D.
22B. ADDRESS: 501 W. McDowell Rd. Phx, Ari.
22C. DATE SIGNED: Feb. 28, 1958

DEATH DUE TO EXTERNAL VIOLENCE
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? —

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE:
24B. ADDRESS:
24C. DATE SIGNED:

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: March 3, 1958
25C. NAME OF CEMETERY OR CREMATORY: St. Francis Mausoleum
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 3/3/58
26B. REGISTRAR'S SIGNATURE: [signature]
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: A. L. MOORE & SONS, PHOENIX, ARIZONA
28. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO.: 269A

FORM VS-2 REV. 2-15-55

7 27 — DATE OF DEATH
1 AND 74 — USUAL RESIDENCE
X
1 1 1 50 6 — DECEDENT PERSONAL DATA
258
180X — CAUSE OF DEATH (ITEM 18)
0 0
4 — OPERATIONS, AUTOPSY
4 — MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
85 — FUNERAL DIRECTOR AND REGISTRAR
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