ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2621

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 10

Margin code	
PLACE OF DEATH	22 02
CITY AND	53
USUAL RESIDENCE	0302
DECEDENT PERSONAL DATA	1 / 2 / 1 / 122 / 4 / 458 / 6785
CAUSE OF DEATH (ITEM 18)	0 / 0 / 1
OPERATIONS, AUTOPSY	2
MEDICAL CERTIFICATION	X / —
DEATH DUE TO EXTERNAL VIOLENCE	
CORONER'S CERTIFICATION	/
FUNERAL DIRECTOR AND REGISTRAR	08 / 2
	103

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 5 years; IN ARIZONA 5 years
C. CITY OR TOWN: Bisbee — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Copper Queen Hospital

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JOAN B. (MIDDLE) C. (LAST) SCALPH
4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Floyd George Scalph
7. DATE OF BIRTH: MONTH 4 DAY 9 YEAR 1936
8. AGE (IN YEARS LAST BIRTHDAY): 22 — 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: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE): No
13. SOCIAL SECURITY NO.: 526-44-6320
14A. FATHER'S NAME: Oscar Schwartz
14B. BIRTHPLACE (STATE OR COUNTRY): Nebraska
15A. MOTHER'S MAIDEN NAME: Jessie Stewart
15B. BIRTHPLACE (STATE OR COUNTRY): Kansas
16. INFORMANT'S SIGNATURE: Floyd Geo. Scalph — ADDRESS: Bisbee, Arizona
17. DATE OF DEATH: (MONTH) APRIL (DAY) 29 (YEAR) 1958

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 1 min. 29 Apr 58
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Anesthetic — 29 Ap. 1958
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
PLACE DISEASE CONTRACTED.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 29 April, 1958 TO 29 April, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 29 April 1958 AND THAT DEATH OCCURRED AT 1:18 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): E. B. Jelley, M.D.
22B. ADDRESS: Box H 919, Bisbee Az
22C. DATE SIGNED: 2 May 58

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: May 2, 1958
25C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Arizona
26A. DATE REC. BY LOCAL REG.: 5-7-58
26B. REGISTRAR'S SIGNATURE: Marjorie McLeary
27A. FUNERAL DIRECTOR'S SIGNATURE: Hugh Hugus
27B. ADDRESS: Bisbee, Arizona
28A. EMBALMER'S SIGNATURE: Hugh Hugus
28B. EMBALMER'S CERT. NO.: 241

FORM VS-2 REV. 3-15-5_

DUGAN-HENNESSY MORTUARY