ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4472

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1846

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 7 mos — IN ARIZONA: Life
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): Maricopa County General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — B. COUNTY: Cochise
C. CITY OR TOWN: Douglas — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 725 16th Street — E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ELZA — B. (MIDDLE) Alexander — C. (LAST) KELLEY

4. SEX: Male — 5. COLOR OR RACE: White — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

6B. NAME OF SPOUSE: Mary — 7. DATE OF BIRTH: MONTH Nov. DAY 17 YEAR 1905 — 8. AGE (IN YEARS LAST BIRTHDAY): 52 — 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): Cook

9B. KIND OF BUSINESS OR INDUSTRY: Restaurant — 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.: 526-16-7214

14A. FATHER'S NAME: James Madison KELLEY — 14B. BIRTHPLACE (STATE OR COUNTRY): Texas — 15A. MOTHER'S MAIDEN NAME: Mary Elizabeth WALKER — 15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: Mr. Floyd R. KELLEY (Son) — ADDRESS: 2809 W. Granada Road, Phoenix, Arizona

17. DATE OF DEATH: (MONTH) June (DAY) 27 (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary insufficiency — 11 years ago, lasting
DUE TO (C) chronic lung condition, Hopelin, emphysema — years, ago

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 Nov. 8, 19 58 TO June 27, 19 58, THAT I LAST SAW THE DECEASED ALIVE ON June 27, 19 58, AND THAT DEATH OCCURRED AT 2:05 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [illegible] M.D. — 22B. ADDRESS: 1435 W. Durango, Phoenix, Ariz. — 22C. DATE SIGNED: 6-30-58

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐ — 25B. DATE: 6-30-58 — 25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park — 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 6/30/58 — 26B. REGISTRAR'S SIGNATURE: Beulah Johnston — 27A. FUNERAL DIRECTOR'S SIGNATURE: Robert E. Fitzgerald — 27B. ADDRESS: Grimshaw Mortuary

28. EMBALMER'S SIGNATURE: Robert E. Fitzgerald — 28B. EMBALMER'S CERT. NO.: 263

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