ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6440

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2456

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 6 hrs. IN ARIZONA 6 hrs.
C. CITY OR TOWN: Phoenix — [X] 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. Joseph's Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Mar.
C. CITY OR TOWN: Glendale — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 391 N.W. Grand Ave.
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ELIZABETH B. (MIDDLE) JEAN C. (LAST) GARCEZ

4. SEX: F
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): NEVER MARRIED
6B. NAME OF SPOUSE: ----------
7. DATE OF BIRTH: MONTH 8 DAY 19 YEAR 1958
8. AGE (IN YEARS LAST BIRTHDAY): 0
IF UNDER 1 YEAR: MONTHS 0 DAYS 0 IF UNDER 24 HRS. HOURS 6 MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING BODY OF LIFE EVEN IF RETIRED): Infant
9B. KIND OF BUSINESS OR INDUSTRY: At Home
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.: None
14A. FATHER'S NAME: Eugene Garcez
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Janet Stringer
15B. BIRTHPLACE (STATE OR COUNTRY): N.D.
16. INFORMANT'S SIGNATURE: Eugene Garcez ADDRESS: Glendale, Arizona
17. DATE OF DEATH (MONTH) September (DAY) 2 (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*
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Hemolytic Disease of the Newborn due to Rh Incompatibility
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.
Severe Anemia, Enlarged Liver, Placental fibrosis

INTERVAL BETWEEN ONSET AND DEATH:

19A. DATE OF OPERATION: 9-2-58
19B. MAJOR FINDINGS OF OPERATION: Exchange Transfusion
20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-1, 1958 TO 9-2, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 9-2, 1958 AND THAT DEATH OCCURRED AT 1 a M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Norman W. Lipow (DEGREE OR TITLE) M.D.
22B. ADDRESS: 2021 N. Central Ave
22C. DATE SIGNED: 9-5-58

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 9/5/58
25C. NAME OF CEMETERY OR CREMATORY: Glendale Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Arizona
26A. DATE REC. BY LOCAL REG.: 9/8/58
26B. REGISTRAR'S SIGNATURE: Bernal Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Charles R. Whitney
27B. ADDRESS: Glendale, Arizona
28A. EMBALMER'S SIGNATURE: Charles R. Whitney
28B. EMBALMER'S CERT. NO. 309

FORM VS-2 REV. 3-15-55