ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8856 3566

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY: MARICOPA
B. LENGTH OF STAY IN THIS TOWN: UNKN IN ARIZONA: UNKN
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): MEMORIAL HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA B. COUNTY: MARICOPA
C. CITY OR TOWN: PHOENIX [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET (IF RURAL, GIVE LOCATION) ADDRESS: 23 E. WASHINGTON
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) B. (MIDDLE) C. (LAST): LEWIS VIX
4. SEX: M
5. COLOR OR RACE: CAUC.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): UNKN.
6B. NAME OF SPOUSE: ----
7. DATE OF BIRTH MONTH: 1 DAY: 8 YEAR: 00
8. AGE (IN YEARS LAST BIRTHDAY): 58 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): UNKN.
9B. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MISSOURI
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: UNKNOWN
14A. FATHER'S NAME: UNKNOWN
14B. BIRTHPLACE (STATE OR COUNTRY): UNKNOWN
15A. MOTHER'S MAIDEN NAME: UNKNOWN
15B. BIRTHPLACE (STATE OR COUNTRY): UNKNOWN
16. INFORMANT'S SIGNATURE: MARICOPA COUNTY GEN. HOSP. ADDRESS:
17. DATE OF DEATH (MONTH) DECEMBER (DAY) 15 (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) Uremia — 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) — 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 [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ..... TO ..... AND THAT DEATH OCCURRED AT ..... I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED ON 12-15-58 AND THAT I LAST SAW THE DECEASED ALIVE ON 12-15-58 FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEC.) MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 12-15-58

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY): Natural
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: M. D. Flood
24B. ADDRESS: Gibson & West Phx
24C. DATE SIGNED: 12-15-58

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 12/22/58
25C. NAME OF CEMETERY OR CREMATORY: MARICOPA COUNTY CEMETERY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): TEMPE ARIZ.
26A. DATE REC. BY LOCAL REG.: 12/22/58
26B. REGISTRAR'S SIGNATURE: Ruth Johnson
27A. FUNERAL DIRECTOR'S SIGNATURE: Abbott & Lowney
27B. ADDRESS: Phoenix
28A. EMBALMER'S SIGNATURE: Abbott & Lowney
28B. EMBALMER'S CERT. NO.: 262 A

FORM VS-2 REV. 3-15-55 15M-MECO 16856
PARADISE CHAPEL & FUNERAL HOME