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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1982

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 896

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 18 yrs. IN ARIZONA 29 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): 117 W. Catalina Dr.

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): 117 W. Catalina Dr.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ORMAN B. (MIDDLE) V. C. (LAST) JACKS

4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Hazel A. Jacks
7. DATE OF BIRTH: MONTH May DAY 1 YEAR 1910
8. AGE (IN YEARS LAST BIRTHDAY): 48 — 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): Accountant
9B. KIND OF BUSINESS OR INDUSTRY: Self employed
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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.: Unk.
14A. FATHER'S NAME: Walter C. Jacks
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Nettie Henderson
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Mrs. Hazel A. Jacks, (wife) ADDRESS: Same
17. DATE OF DEATH: MONTH MARCH DAY 13th, YEAR 1959

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) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 6 mo
DUE TO (B) rheumatic valvular heart disease — 36 yrs
DUE TO (C)
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
II. OTHER SIGNIFICANT 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 7-5-56, 19__ TO 3-13-59, 19__ THAT I LAST SAW THE DECEASED ALIVE ON 3-13-59, 19__ AND THAT DEATH OCCURRED AT 12:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: B. Snyder (DEGREE OR TITLE) MD.
22B. ADDRESS: 15 E. Monroe St. Phx, Ari.
22C. DATE SIGNED: March 14, 1959

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: March 16, 1959
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 3/16/59
26B. REGISTRAR'S SIGNATURE: [signature]
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: 333 W. Adams St.
28A. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO.: 326

FORM VS-2 REV. 3-15-55 15M AMPCO 22509

E OF DEATH AND RESIDENCE 17 29 X
CEDENT RSONAL DATA 1 1 1 48 4 359
CAUSE OF DEATH (ITEM 18) X/14X 0 0
RATIONS, UTOPSY 2
EDICAL FICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
ONER'S FICATION 1
NERAL ECTOR AND ISTRAR 2 8-5 129