ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 2144

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 104

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 62 yrs | IN ARIZONA 83 yrs
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Osteopathic Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 246 So. Mesa Dr.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Issac B. (MIDDLE) Higbee C. (LAST) Rogers

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Myra Rogers
7. DATE OF BIRTH: MONTH 11 DAY 27 YEAR 75
8. AGE (IN YEARS LAST BIRTHDAY): 83 — 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): Farming
9B. KIND OF BUSINESS OR INDUSTRY: Farm
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
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: Henry Clay Rogers
14B. BIRTHPLACE (STATE OR COUNTRY): N.Y.
15A. MOTHER'S MAIDEN NAME: Emma Higbee
15B. BIRTHPLACE (STATE OR COUNTRY): Mo.
16. INFORMANT'S SIGNATURE: Mrs. Myra Rogers — ADDRESS: Mesa, Arizona
17. DATE OF DEATH: (MONTH) 3 (DAY) 29 (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.

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) Increased Intracranial Pressure (Medulla) Pulling — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
DUE TO (B): Subarachnoid Hemorrhage — 6 days
DUE TO (C): Advanced Arteriosclerosis — yrs.

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 3-23, 1959 TO 3-29-59, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 3-29-59, 19__, AND THAT DEATH OCCURRED AT 7:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: B. Rallis (DEGREE OR TITLE) D.O.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 3-31-59

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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 3-31-59
25C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 3-31-59
26B. REGISTRAR'S SIGNATURE
27A. FUNERAL DIRECTOR'S SIGNATURE
27B. ADDRESS
28A. EMBALMER'S SIGNATURE
28B. EMBALMER'S CERT. NO.

FORM VS-2 REV. 3-15-55 — 15M AMPCO 16856

MELDRUM MORTUARY & CHAPEL