ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 2154

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 38

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 8 yrs; IN ARIZONA 51 yrs
C. CITY OR TOWN: Glendale ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1614 N. 2d Avenue

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Glendale ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1614 N. 2d Avenue
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) GEATA B. (MIDDLE) DAOU C. (LAST) COURY

4. SEX: female
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ----------
7. DATE OF BIRTH: MONTH Aug DAY 3 YEAR 1885
8. AGE (IN YEARS LAST BIRTHDAY): 73 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): At Home
9B. KIND OF BUSINESS OR INDUSTRY: ----------
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Lebanon
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: John Daou
14B. BIRTHPLACE (STATE OR COUNTRY): Lebanon
15A. MOTHER'S MAIDEN NAME: Montura
15B. BIRTHPLACE (STATE OR COUNTRY): Lebanon
16. INFORMANT'S SIGNATURE: Thomas E. Coury, Glendale, Arizona ADDRESS:
17. DATE OF DEATH: (MONTH) March (DAY) 7 (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‡ — MEDICAL CERTIFICATION
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Atherosclerotic Heart Disease — years
DUE TO (C) Diabetes Mellitus — years
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 10-25, 1953 TO 3-7, 1959 THAT I LAST SAW THE DECEASED ALIVE ON 3-7, 1959 AND THAT DEATH OCCURRED AT 1:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): [signature] M.D.
22B. ADDRESS: Glendale Ariz.
22C. DATE SIGNED: 3/9/59

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 ☐ Entombment
25B. DATE: Mar 10, 1959
25C. NAME OF CEMETERY OR CREMATORY: St. Francis
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 3-9-59
26B. REGISTRAR'S SIGNATURE: Margaret Carrier, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Murphy
27B. ADDRESS: 330 N. 2d Ave., Phx
28A. EMBALMER'S SIGNATURE: H. L. Murphy
28B. EMBALMER'S CERT. NO.: 141-A

FORM VS-2 REV. 3-16-51 1M AMPCO 16458

Whitney & Murphy Funeral Home, Phoenix