ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 2164

CERTIFICATE OF DEATH

BIRTH NO. 6[illegible]3

REGISTRAR'S NO. 27

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: Life; IN ARIZONA: Life
C. CITY OR TOWN: Tempe — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Tempe Clinic 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): 215½ North Drew
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Alvis
B. (MIDDLE): Jefferson
C. (LAST): Moore Jr.

4. SEX: M.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
6B. NAME OF SPOUSE: ——
7. DATE OF BIRTH — MONTH: 2; DAY: 25; YEAR: 59
8. AGE (IN YEARS LAST BIRTHDAY): —— IF UNDER 1 YEAR — MONTHS: —; DAYS: 29; IF UNDER 24 HRS. — HOURS: ; MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): None
9B. KIND OF BUSINESS OR INDUSTRY: None
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.: ——
14A. FATHER'S NAME: Alvis Jefferson Moore
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Geraldine Hand
15B. BIRTHPLACE (STATE OR COUNTRY): Alabama
16. INFORMANT'S SIGNATURE: Alvis J. Moore — ADDRESS: Mesa, Arizona
17. DATE OF DEATH — MONTH: March; DAY: 26; 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) Starvation + Dehydration. — INTERVAL BETWEEN ONSET AND DEATH: 4 days
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Resection of 80 cm intestine & bowel — At birth
DUE TO (C) Omphalocele, gangrene of intestine & bowel — At birth
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Prematurity — At birth

19A. DATE OF OPERATION: March 3, 1959
19B. MAJOR FINDINGS OF OPERATION: large omphalocele, midgut volvulus, gangrene of bowel
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 3, 1959 TO March 26, 1959 THAT I LAST SAW THE DECEASED ALIVE ON March 25, 1959 AND THAT DEATH OCCURRED AT 1:30 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): John K. Ken M. D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 3-26-59

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: 3-26-59
25C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.
26B. REGISTRAR'S SIGNATURE
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: M. L. GIBBONS MORTUARY, MESA, ARIZONA
28A. EMBALMER'S SIGNATURE: [illegible]
28B. EMBALMER'S CERT. NO.: 211-A

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