

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1979

PLACE OF DEATH AND RESIDENCE 0308	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY <input checked="" type="checkbox"/> IN THIS TOWN <input checked="" type="checkbox"/> IN ARIZONA 12 yrs Life		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. 1979				
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				
	D. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Hospital				D. STREET (IF RURAL, GIVE LOCATION) 1802 E. Clarendon		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
PRECEDENT PERSONAL DATA 163 659 1201	3. NAME OF DECEASED A. (FIRST) Alvira B. (MIDDLE) C. (LAST)			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 11 DAY 15 YEAR 05		8. AGE (IN YEARS LAST BIRTHDAY) 63		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Nurse			
	9B. KIND OF BUSINESS OR INDUSTRY Practical		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 526-44-6230		
14A. FATHER'S NAME James Ahner Higgins			14B. BIRTHPLACE (STATE OR COUNTRY) Utah		15A. MOTHER'S MAIDEN NAME Sarah Avilda Packer			15B. BIRTHPLACE (STATE OR COUNTRY) Utah			
16. INFORMANT'S SIGNATURE Mrs. Dorothy Lewis				ADDRESS 1030 N. 35th St.		17. DATE OF DEATH (MONTH) June (DAY) 23 (YEAR) 1959					
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). IT IS NOT NEAR THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, 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) Acute myocardial infarction and rupture of heart. DUE TO (B) Chronic atherosclerosis and arteriosclerosis. DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH		
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM August , 19 56 , TO present , 19 59 , THAT I LAST SAW THE DECEASED ALIVE ON 6-23-59 , 19 59 , AND THAT DEATH OCCURRED AT 6:45 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE [Signature]			(DEGREE OR TITLE) M. D.		22B. ADDRESS 1130 E. McDowell Rd.		22C. DATE SIGNED 6-25-59			
	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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?					
CORONER'S IDENTIFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS				24C. DATE SIGNED		
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 6/26/59		25C. NAME OF CEMETERY OR CREMATORY Mesa Cemetery			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona			
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 6/25/59		26B. REGISTRAR'S SIGNATURE [Signature]			27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27B. ADDRESS Phoenix, Arizona			
	28A. EMBALMER'S SIGNATURE [Signature]				28B. EMBALMER'S CERT. NO. 261						