ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 4599

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 186

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 7 years IN ARIZONA: Life
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): Mesa Southside 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): 236 S. Solomon
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Orville B. (MIDDLE) (none) C. (LAST) Allen
4. SEX: M
5. COLOR OR RACE: Canc.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Sarah Diantha Curtis
7. DATE OF BIRTH: MONTH 5 DAY 21 YEAR 1881
8. AGE (IN YEARS LAST BIRTHDAY): 78 — 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): Grocer & Salesman
9B. KIND OF BUSINESS OR INDUSTRY: Grocer
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): No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO. 527-42-8042
14A. FATHER'S NAME: Orville Morgan Allen
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Diana Jane Ellsworth
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Orville W. Allen — ADDRESS: Mesa, Arizona
17. DATE OF DEATH: (MONTH) June (DAY) 28 (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) Pulmonary edema d
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) congestion
DUE TO (C) Carcinoma of prostate & metastasis
INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
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 June 16, 1959 TO June 28, 1959 THAT I LAST SAW THE DECEASED ALIVE ON June 28, 1959 AND THAT DEATH OCCURRED AT 5:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] (DEGREE OR TITLE) M.D.
22B. ADDRESS: 5 N. Hibbert St Mesa Ariz
22C. DATE SIGNED: 7/1/59

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): Mesa, Maricopa, Arizona
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: 1 July 1959
25C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 7-1-59
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: Philip C. Allen 153A
27B. ADDRESS: Willcox, Arizona
28A. EMBALMER'S SIGNATURE: Philip C. Allen
28B. EMBALMER'S CERT. NO. 512

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AND 24
RESIDENCE
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CEDENT 1
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DATA 0
659
77X
CAUSE
OF
DEATH 6
TEM 18) 6
RATIONS, 1
UTOPSY
EDICAL 1
IFICATION
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S 1
IFICATION
UNERAL 33
RECTOR
AND
GISTRAR 2