ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6019

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2653

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 18 yrs. IN ARIZONA: 18 yrs.
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan 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): 226½ S. Morris St.
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): JOSEPH
B. (MIDDLE):
C. (LAST): BASHA

4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Janele Basha
7. DATE OF BIRTH — MONTH: May DAY: 15 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): Merchant
9B. KIND OF BUSINESS OR INDUSTRY: Grocery
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Lebanon
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Unk. (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: Unk.
14A. FATHER'S NAME: Norman Basha
14B. BIRTHPLACE (STATE OR COUNTRY): Lebanon
15A. MOTHER'S MAIDEN NAME: Sarah - - - - Basha - - - -
15B. BIRTHPLACE (STATE OR COUNTRY): Lebanon
16. INFORMANT'S SIGNATURE: Mrs Janela Basha, (wife) — ADDRESS: Same
17. DATE OF DEATH (MONTH) AUGUST (DAY) 29th, (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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: Unknown
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Myxedema — Unknown

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8/25, 19 59 TO 8/29, 19 59 THAT I LAST SAW THE DECEASED ALIVE ON 8/28, 19 59 AND THAT DEATH OCCURRED AT 2:40 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE [illegible] (DEGREE OR TITLE) MD
22B. ADDRESS: 1313 N. 2nd St. Phx, Ari.
22C. DATE SIGNED: Aug. 29, 1959

23A. DEATH DUE TO EXTERNAL VIOLENCE — 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?

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

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: Sept. 2, 1959
25C. NAME OF CEMETERY OR CREMATORY: St. Francis Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 9/2/59
26B. REGISTRAR'S SIGNATURE: Beulah Johnson
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Moore
27B. ADDRESS: 333 W. Adams St.
28A. EMBALMER'S SIGNATURE: Roy E. Ben
28B. EMBALMER'S CERT. NO.: 365

FORM VS-2 REV. 3-15-55 15M INPCO 22909