Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8423

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3481

1. PLACE OF DEATH
A. COUNTY MARICOPA
B. LENGTH OF STAY IN THIS TOWN 15 yrs IN ARIZONA 35 yrs
C. CITY OR TOWN PHOENIX ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE ARIZONA
B. COUNTY MARICOPA
C. CITY OR TOWN PHOENIX ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2808 N. 24TH PLACE
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) CHARLES B. (MIDDLE) HOMER C. (LAST) MORRIS
4. SEX M
5. COLOR OR RACE CAUC.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED
6B. NAME OF SPOUSE LOVE MORRIS
7. DATE OF BIRTH MONTH 9 DAY 10 YEAR 1887
8. AGE (IN YEARS AT BIRTHDAY) 72
IF UNDER 1 YEAR MONTHS DAYS
IF UNDER 24 HRS. HOURS MIN.
8A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) BANKER
8B. KIND OF BUSINESS OR INDUSTRY BANKING
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARKANSAS
11. CITIZEN OF WHAT COUNTRY? U. S.
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. 526-10-2057
14A. FATHER'S NAME HENRY MORRIS
14B. BIRTHPLACE (STATE OR COUNTRY) UNKN.
15A. MOTHER'S MAIDEN NAME LAURA B. WEST
15B. BIRTHPLACE (STATE OR COUNTRY) ARK.
16. INFORMANT'S SIGNATURE MRS. MORRIS ADDRESS PHOENIX
17. DATE OF DEATH (MONTH) NOVEMBER (DAY) 16 (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) Dissecting aneurysm of abd. aorta — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Generalized arteriosclerosis — years
DUE TO (C)

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 Nov. 14, 1959 TO Nov. 17 1959 THAT I LAST SAW THE DECEASED ALIVE ON Nov. 17, 1959 AND THAT DEATH OCCURRED AT 10:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE Robert S. Flynn (DEGREE OR TITLE)
22B. ADDRESS 550 West Thomas Road, Phoenix.
22C. DATE SIGNED Nov 17, 1959

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 11-19-59
25C. NAME OF CEMETERY OR CREMATORY GREENWOOD MEMORIAL PARK
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) PHOENIX, ARIZONA
26A. DATE REC. BY LOCAL REG. 11/19/59
26B. REGISTRAR'S SIGNATURE Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE Ralph L. Sage
27B. ADDRESS PHOENIX, ARIZ.
28A. EMBALMER'S SIGNATURE John R. Gradin
28B. EMBALMER'S CERT. NO. 372-A

FORM VS-2 REV. 3-15-58 25M AMPCO 26302
PARADISE CHAPEL AND FUNERAL HOME