ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8600

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3440

PLACE OF DEATH AND RESIDENCE

1. PLACE OF DEATH — A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 33 yrs; IN ARIZONA: 36 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): Maricopa County General 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 (IF RURAL, GIVE LOCATION) ADDRESS: 802 South 7th Place
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

DECEDENT'S PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): AUGUSTINA — B. (MIDDLE): O — C. (LAST): MESA
4. SEX: Female
5. COLOR OR RACE: Mexican
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE: ------
7. DATE OF BIRTH — MONTH: Apr — DAY: 13 — YEAR: 1896
8. AGE (IN YEARS LAST BIRTHDAY): 63 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
11. CITIZEN OF WHAT COUNTRY? Mexico
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.: none
14A. FATHER'S NAME: Antonio Mesa
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Amelia Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: Raymond Jimenez — ADDRESS: 4335 N. Oracle, Tucson
17. DATE OF DEATH — (MONTH): NOVEMBER — (DAY): 12th — (YEAR): 1959

CAUSE OF DEATH (ITEM 18)

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) Cardiac failure
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Myocardial infarction
DUE TO (C) Arteriosclerotic heart disease
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 11th, 19 59 TO Nov. 12th, 19 59, THAT I LAST SAW THE DECEASED ALIVE ON November 12th 19 59 AND THAT DEATH OCCURRED AT 9:55 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS: 3435 W. Durango, Phoenix, Ariz.
22C. DATE SIGNED: 11-12-59

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: Nov. 16, 1959
25C. NAME OF CEMETERY OR CREMATORY: Greenwood
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 11/16/59
26B. REGISTRAR'S SIGNATURE: [signature]
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: 330 N. 2d Ave., Phx
28A. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO.: 141-A.

FORM VS-1 REV. 3-15-55 25M ARIZCO 26392
Whitney & Murphy Funeral Home, Phoenix