PUNCHED VERIFIED

affidavit attached

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 4825

**PLACE OF DEATH AND USUAL RESIDENCE**

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 13 yrs IN ARIZONA: 13 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): 1232 E. Becker Lane

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): 9817 N. 16th Place E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

**DECEDENT PERSONAL DATA**

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Dora B. (MIDDLE) Staples C. (LAST) Coffey
4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Raymond V.
7. DATE OF BIRTH MONTH: Mar DAY: 7 YEAR: 1922
8. AGE (IN YEARS LAST BIRTHDAY): 39 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): Idaho
11. CITIZEN OF WHAT COUNTRY? USA
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. 519-12-2781
14A. FATHER'S NAME: Andrew Staples
14B. BIRTHPLACE (STATE OR COUNTRY): Idaho
15A. MOTHER'S MAIDEN NAME: Carolyn Theuesen
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Mr. Raymond V. Coffey (husband) ADDRESS: 9817 N. 16th Place, Phoenix, Arizona
17. DATE OF DEATH (MONTH): June (DAY): 11, (YEAR): 1961

**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) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH

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.

**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 ALIVE ON ____ 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED. on 6/11 1961 THAT I LAST SAW THE DECEASED

22A. SIGNATURE (DEGREE): Larry D. Shaw M.D. MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 6/11/61

**DEATH DUE TO EXTERNAL VIOLENCE**

23A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) NATURAL CAUSE
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: Carroll Hollis
24B. ADDRESS: Phoenix, Arizona
24C. DATE SIGNED: June 12, 1961

**FUNERAL DIRECTOR AND REGISTRAR**

25A. BURIAL ☐ CREMATION ☒ REMOVAL ☐
25B. DATE: 6-14-61
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Crematory
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 6/13/61
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Jack Hausner
27B. ADDRESS: Grimshaw Mortuary
28A. EMBALMER'S SIGNATURE: Freddie D. Wakelin
28B. EMBALMER'S CERT. NO. 4081

FORM VS-2 REV. 8-9-60 - 25M