

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>	B. LENGTH OF STAY IN THIS TOWN <b>32 yrs.</b>		IN ARIZONA <b>32 yrs.</b>		2. USUAL RESIDENCE A. STATE <b>Arizona</b>	(WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY <b>Maricopa</b>		
	C. CITY OR TOWN <b>Phoenix</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			C. CITY OR TOWN <b>Phoenix</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>2311 S. 15th Place</b>					D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>2311 S. 15th Place</b>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Charles</b>			B. (MIDDLE) <b>Oscar</b>			C. (LAST) <b>Moore</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>
6B. NAME OF SPOUSE			7. DATE OF BIRTH MONTH DAY YEAR <b>7 27 1881</b>		8. AGE (IN YEARS LAST BIRTHDAY) <b>80</b>		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) <b>Carpenter</b>		

9B. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arkansas</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b>	13. SOCIAL SECURITY NO. <b>527-09-2770</b>
14A. FATHER'S NAME <b>Jacob G. Moore</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arkansas</b>	15A. MOTHER'S MAIDEN NAME <b>Virginia I. Baker</b>	
15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arkansas</b>				

16. INFORMANT'S SIGNATURE <b>Anne Moore</b>			ADDRESS <b>2311 S. 15th Place</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>November 26 1961</b>	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) <b>congestive heart failure</b> DUE TO (B) <b>arteriosclerotic heart disease</b> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b> <b>5-10 years</b>
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>9-15</b> , 19 <b>61</b> TO <b>11-26</b> , 19 <b>61</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>11-10</b> , 19 <b>61</b> AND THAT DEATH OCCURRED AT <b>1:40 P</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE (DEGREE OR TITLE) <b>Richard H. Mayne, MD</b>		22B. ADDRESS <b>5410 S. Central - Phx</b>	
22C. DATE SIGNED <b>11-28-61</b>			

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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>11-29-61</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Greenwood Memorial Park</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Arizona</b>
26A. DATE REC. BY LOCAL REG. <b>11/29/61</b>	26B. REGISTRAR'S SIGNATURE <b>Helen E. Macnab Rplly</b>	27A. FUNERAL DIRECTOR'S SIGNATURE <b>R. M. Mortensen</b>	27B. ADDRESS <b>Phoenix, Arizona</b>
26A. EMBALMER'S SIGNATURE <b>R. M. Mortensen</b>		27B. EMBALMER'S CERT. NO. <b>261A</b>	

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19  
AL RESIDENCE  
PRECEDENT  
PERSONAL DATA  
4200  
CAUSE OF DEATH (ITEM 18)  
OPERATIONS, AUTOPSY  
MEDICAL CERTIFICATION  
DEATH DUE TO EXTERNAL VIOLENCE  
CORONER'S CERTIFICATION  
FUNERAL DIRECTOR AND REGISTRAR

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