2246

affidavit attached

9160

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1315

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 495

07 07 98 — E OF DEATH 79 AND 0317 ESIDENCE 5

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
C. LENGTH OF STAY IN THIS PLACE: 1 Day; IN ARIZONA: 26 Yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Monica Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 3026 W. Hadley

ECEDENT ERSONAL DATA / 32 4 349

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): James
B. (MIDDLE): Otis
C. (LAST): Malone

4. SEX: Male
5. COLOR OR RACE: White

6. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

7. DATE OF BIRTH: MONTH DEC. DAY 17 YEAR 1916

8. AGE: YEARS 32 MONTHS 2 DAYS 17

IF UNDER 24 HOURS: HOURS / MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Contractor

9B. KIND OF BUSINESS OR INDUSTRY: Floor Covering

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas

11. CITIZEN OF WHAT COUNTRY?: U.S.A.

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.: unknown

14A. FATHER'S NAME: George C. Malone

14B. BIRTHPLACE (STATE OR COUNTRY): Texas

15A. MOTHER'S MAIDEN NAME: Ellie C. Jordan

15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: Ike C. Malone — ADDRESS: Phoenix, Arizona

17. DATE OF DEATH (MONTH) (DAY) (YEAR): March 4, 1949

CAUSE OF DEATH (ITEM 18) 9160 0 0

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 CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Multiple burns 1st 2nd 3rd degree extended back sides of chest causing refluxes Pneumonia
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Burns so extensive that there was little response from body tissue
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: None
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

ERATIONS, UTOPSY 2

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO KTERNAL LENCE 07 98 1 2

21A. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (SPECIFY): Accident

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Home

21C. (CITY OR TOWN) (COUNTY) (STATE): Phoenix, Maricopa, Arizona

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): March 3, 1949 2 PM

21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?: Container of floor covering cement became ignited and caused burns of the body

MEDICAL CORONER'S TIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 3, 1949 TO March 4, 1949 THAT I LAST SAW THE DECEASED ALIVE ON March 4, 1949 AND THAT DEATH OCCURRED AT 10:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Harry Gelch, M.D.

23B. ADDRESS: Phoenix, Arizona

23C. DATE SIGNED: March 5, 1949

UNERAL IRECTOR AND EGISTRAR 3 4 1

24A. BURIAL ☒ **CREMATION** ☐ **REMOVAL** ☐

24B. DATE: March 8, 1949

24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG.: MAR 7, 1949

25B. REGISTRAR'S SIGNATURE: M. Kerr Deputy

26. FUNERAL DIRECTOR'S SIGNATURE: Tyler Hays — ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZ.

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