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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO. 2886
REGISTRAR'S NO. 42

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OF DEATH
AND
RESIDENCE
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IDENT
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1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Globe		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 6 yrs 6 yrs	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 217 S. First St.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 217 S. First St.	
3. NAME OF DECEASED A. (FIRST) Lystra B. (MIDDLE) Coates C. (LAST) Moore			4. SEX male
6. MARRIED NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			5. COLOR OR RACE white
7. DATE OF BIRTH MONTH DAY YEAR Feb 17 1965		8. AGE YEARS MONTHS DAYS 84 3 23	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). retiree - rancher
9B. KIND OF BUSINESS OR INDUSTRY ret. rancher		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) W. Virginia	11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no		13. SOCIAL SECURITY NO. none	
14A. FATHER'S NAME Joseph Moore (wife)		14B. BIRTHPLACE (STATE OR COUNTRY) unknown	15A. MOTHER'S MAIDEN NAME Sarah Sams
16. INFORMANT'S SIGNATURE Josephine A. Moore		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 10 1949	
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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Starvation ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Carcinoma of stomach 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 <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7:15 1949 TO 10 June 1949 THAT I LAST SAW THE DECEASED ALIVE ON 9 June 1949 AND THAT DEATH OCCURRED AT 5:30 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE (DEGREE OR TITLE) M.D.		23B. ADDRESS Globe, Ariz	
23C. DATE SIGNED 10 June 49		24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	
24B. DATE June 13, 1949		24C. NAME OF CEMETERY OR CREMATORY Greenwood Crematory	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		25A. DATE REC'D BY LOCAL REG. June 16-49	
25B. REGISTRAR'S SIGNATURE Gene Waver		26. GENERAL DIRECTOR'S SIGNATURE Frank P. Peab	
27. EMBALMER'S SIGNATURE Frank P. Peab		27. ADDRESS Globe, Arizona CERY. NO. 248-A	