

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2395

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

805

177
OF DEATH
AND
RESIDENCE
4

1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Phoenix	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 8 yr 8 months	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix rural	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) HOSPITAL OR INSTITUTION 16th. st. & Salt River		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1098 East Durango	

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3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Jackie B. (MIDDLE) Wayne C. (LAST) Tibbett			4. SEX Male	5. COLOR OR RACE White
6. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) <input type="checkbox"/>	7. DATE OF BIRTH MONTH Dec. DAY 1 YEAR 1941	8. AGE YEARS 9 MONTHS 4 DAYS 3	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). School Boy	9B. KIND OF BUSINESS OR INDUSTRY School Boy
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Okla.	11. CITIZEN OF WHAT COUNTRY? U.S.	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 Ernest Eugene Tibbett
14B. BIRTHPLACE (STATE OR COUNTRY) Okla.	15A. MOTHER'S MAIDEN NAME Anna Lee Slato	15B. BIRTHPLACE (STATE OR COUNTRY) Okla.	16. INFORMANT'S SIGNATURE Ernest Eugene Tibbett	
ADDRESS Phoenix		17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 4, 1951.		

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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 CONTRACTION.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Drowning		
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) No evidence of foul play DUE TO (c) Sherriff Report		
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT (SPECIFY) Accident	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 16th St. & Salt River	21C. (CITY OR TOWN) (COUNTY) (STATE) Phoenix, Arizona
21D. TIME (MONTH) (DAY) (YEAR) OF INJURY April 4 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Drowning

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22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____ AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE)
Ex-Officio Coroner

23B. ADDRESS
Court House Phx, Ariz.

23C. DATE SIGNED
1/5/51

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24A. BURIAL (EST. RECORD) <input checked="" type="checkbox"/> CREMATION (LOCAL REG.) <input checked="" type="checkbox"/> REMOVAL 4/6/51	24B. DATE 4/7/51	24C. NAME OF CEMETERY OR CREMATORY Greenwood	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona
25A. DATE RECD BY LOCAL REG. 4/6/51	25B. REGISTRAR'S SIGNATURE Burlah Johnston	26. FUNERAL DIRECTOR'S SIGNATURE Charles E. Meier	27. EMPALMER'S SIGNATURE Leo C. Nussbaum
		ADDRESS Phoenix	CERT. NO. 170