

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

103

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 119

PLACE OF DEATH  
9 AND 74  
AL RESIDENCE  
0317

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN life IN ARIZONA life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 8301 N. 29 Ave.			

DECEDENT  
PERSONAL DATA  
404

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Michael B. (MIDDLE) Roy C. (LAST) Coffey			4. SEX M	5. COLOR OR RACE W	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never married
6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH DAY YEAR Jan. 13 1954	8. AGE (IN YEARS LAST BIRTHDAY)	9. A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) None	
9B. KIND OF BUSINESS OR INDUSTRY None	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	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 Johnny Coffey		14B. BIRTHPLACE (STATE OR COUNTRY) Texas	15A. MOTHER'S MAIDEN NAME Zana P. Longmire		15B. BIRTHPLACE (STATE OR COUNTRY) Okla.
16. INFORMANT'S SIGNATURE Mr. Johnny Coffey (father)			ADDRESS Same		17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 13 1954

CAUSE OF DEATH  
(ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 7613 ‡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 CONTRACTED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 4 hr.
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Placenta Praevia		
	11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (C)		

OPERATIONS, AUTOPSY  
DEATH DUE TO EXTERNAL VIOLENCE

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE	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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-13-54, 10:54, TO 1-13-54, 1:13, THAT I LAST SAW THE DECEASED ALIVE ON 1-13-54, 1954, AND THAT DEATH OCCURRED AT 6:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Barney Lee M.D.	23B. ADDRESS 7829 N 27 Ave Phoenix 1-14-54	23C. DATE SIGNED
-----------------------------------	---	------------------

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE Jan. 14, 1954	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. 1/14/54	25B. REGISTRAR'S SIGNATURE Bessie Johnston	26. FUNERAL DIRECTOR'S SIGNATURE A. L. MOORE & SONS PHOENIX, ARIZONA CERT. NO. 282	
		27. EMBALMER'S SIGNATURE Robert W. Tracy	