ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 700

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 6

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Yuma, rural
C. LENGTH OF STAY IN THIS PLACE: 1 yr 2 mo; IN ARIZONA: 1 yr 2 mo
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Enroute to Doctor's office

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Yuma, rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt 3 Box V30

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): ESELDEN
B. (MIDDLE): EARL
C. (LAST): STONE SR.

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED

7. DATE OF BIRTH MONTH: Dec DAY: 12 YEAR: 1897

8. AGE YEARS: 54 MONTHS: 0 DAYS: 27

IF UNDER 24 HOURS: HOURS / MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: Bank

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New York State

11. CITIZEN OF WHAT COUNTRY? USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): yes (IF YES, WAR OR DATES OF SERVICE): WW1

13. SOCIAL SECURITY NO. 237-10-4042

14A. FATHER'S NAME: Victor Linus Stone

14B. BIRTHPLACE (STATE OR COUNTRY): Sweden

15A. MOTHER'S MAIDEN NAME: Mary Van Scotter

15B. BIRTHPLACE (STATE OR COUNTRY): Kansas

16. INFORMANT'S SIGNATURE: Constance Stone
ADDRESS: Rt 3 Box V30 Yuma, Arizona

17. DATE OF DEATH (MONTH) January (DAY) 9 (YEAR) 1952

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Asthma, bronchitis — 10 days
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: Autopsy 1-10-52

19B. MAJOR FINDINGS OF OPERATION: above

20. AUTOPSY? YES ☒ NO ☐

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

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

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 19 50 TO Jan 9 19 52 THAT I LAST SAW THE DECEASED ALIVE ON Jan 7 19 52 AND THAT DEATH OCCURRED AT 7 PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: Ralph Thomas (DEGREE OR TITLE) MD

23B. ADDRESS: Yuma, Ariz.

23C. DATE SIGNED: Jan 10, 1952

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: 1-15-52

24C. NAME OF CEMETERY OR CREMATORY: Desert Farm Mem Park

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

25A. DATE REC'D BY LOCAL REG.: 1-15-52

25B. REGISTRAR'S SIGNATURE: Marie Nelson

26. FUNERAL DIRECTOR'S SIGNATURE: Johnson Mortuary, Inc. O. C. Johnson
ADDRESS: Box 370 Yuma, Ariz

27. EMBALMER'S SIGNATURE: O. C. Johnson
CERT. NO. 19A

FORM VS 2 REV. 3-50 15M

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