ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4452

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: YUMA
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: SALOME - 21 West
C. LENGTH OF STAY IN THIS PLACE: 3 YEARS; IN ARIZONA: 3
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 21-West of Salome Ariz. Hwy. 60 & 70

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: ARIZ
B. COUNTY: MARICOPA
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: BUCKEYE - ARIZ - RURAL
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): R-1. Box 180 RURAL UNKNOW

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) DANNY B. (MIDDLE) F C. (LAST) BASSETT

4. SEX: M
5. COLOR OR RACE: WHITE
6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH AUG DAY 24 YEAR 1937
8. AGE: YEARS 14 MONTHS 11 DAYS
IF UNDER 24 HOURS: HOURS MIN.
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): CALIF.
11. CITIZEN OF WHAT COUNTRY? USA
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.: NO
14A. FATHER'S NAME: Elmer Donny Bassett
14B. BIRTHPLACE (STATE OR COUNTRY): ARIZ
15A. MOTHER'S MAIDEN NAME: Debbie Roberts
15B. BIRTHPLACE (STATE OR COUNTRY): ARIZ
16. INFORMANT'S SIGNATURE: E. D. Bassett ADDRESS: Box 140 Buckeye Ariz
17. DATE OF DEATH (MONTH) July (DAY) 31 (YEAR) 52

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) ———
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Auto accident
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (SPECIFY): Accident
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 21-West on Highway 60 & 70
21C. (CITY OR TOWN) S Alome (COUNTY) Yuma (STATE) Ariz
21D. TIME OF INJURY (MONTH) July (DAY) 31 (YEAR) 52 (HOUR) 4 AM
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Auto accident

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: Ernest R Hall (DEGREE OR TITLE) Justice of Peace
23B. ADDRESS: Salome Ariz
23C. DATE SIGNED: July-31-52

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: July 31-52
24C. NAME OF CEMETERY OR CREMATORY: H L Coffinger
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg Ariz
25A. DATE REC'D BY LOCAL REG.: July 31-52
25B. REGISTRAR'S SIGNATURE: William Dan Davis
26. FUNERAL DIRECTOR'S SIGNATURE: H L Coffinger ADDRESS
27. EMBALMER'S SIGNATURE: H L Coffinger CERT. NO. 188 A

FORM VS 2 REV. 8-50 20M