ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6172

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Parker
C. LENGTH OF STAY IN THIS PLACE: 3 yrs. IN ARIZONA: 11 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): at Home, E. Street, Parker, Ariz.

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: Parker
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): E. Street

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Ethel B. (MIDDLE): G. C. (LAST): Courtney
4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 10 DAY 12 YEAR 1893
8. AGE: YEARS 58 MONTHS 11 DAYS 29
IF UNDER 24 HOURS: HOURS ___ MIN. ___
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housework
9B. KIND OF BUSINESS OR INDUSTRY: Own Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana
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): —
13. SOCIAL SECURITY NO.: none
14A. FATHER'S NAME: Joseph Williams
14B. BIRTHPLACE (STATE OR COUNTRY): Georgia
15A. MOTHER'S MAIDEN NAME: Cornelia Mc. Cherry
15B. BIRTHPLACE (STATE OR COUNTRY): Indiana
16. INFORMANT'S SIGNATURE: Arthur Courtney ADDRESS: Parker, Ariz.
17. DATE OF DEATH (MONTH) October (DAY) 10th (YEAR) 1952

CAUSE OF DEATH (ITEM 18)

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) Congestive Collapse
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Myocardial Infarction
DUE TO (c) Coronary Atherosclerosis
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

OPERATIONS, AUTOPSY

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

DEATH DUE TO EXTERNAL VIOLENCE

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?

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED ALIVE ON October 19 52, AND THAT DEATH OCCURRED AT only at time of death 10:20 p.m. M., FROM THE CAUSES AND ON THE DATE STATED ABOVE. 19___ TO 19___ THAT I NEVER SAW THE DECEASED
23A. SIGNATURE: Joseph V. Carlson, M.D. (DEGREE OR TITLE) Asst. Surg. U.S.P.H.S.
23B. ADDRESS: Parker, Arizona
23C. DATE SIGNED: 10/11/52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 10/11/52
24C. NAME OF CEMETERY OR CREMATORY: Wickenburg Funeral Home
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg, Arizona
25A. DATE REC'D BY LOCAL REG.: 10/11/52
25B. REGISTRAR'S SIGNATURE: J. B. Roberts
26. FUNERAL DIRECTOR'S SIGNATURE: H. L. Coffinger ADDRESS: Wickenburg, Arizona
27. EMBALMER'S SIGNATURE: H. L. Coffinger CERT. NO.: 188-A

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