ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 47002

CERTIFICATE OF DEATH

BIRTH NO. | REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Coconino
B. LENGTH OF STAY — IN THIS TOWN: 32 Yrs — IN ARIZONA: 34 Yrs
C. CITY OR TOWN: Williams — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Williams Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona.
B. COUNTY: Coconino
C. CITY OR TOWN: Williams — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 919 E.Louis

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Ira B. (MIDDLE) D.M C. (LAST) Massey
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH: MONTH 12 DAY 29 YEAR 1880
8. AGE (IN YEARS LAST BIRTHDAY): 71 — IF UNDER 1 YEAR: MONTHS 10 DAYS 4 — IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Chiropracter
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): est Virginia
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE) No
13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME: John D.Massey
14B. BIRTHPLACE (STATE OR COUNTRY): West Virginia
15A. MOTHER'S MAIDEN NAME: Cynthia Jareld
15B. BIRTHPLACE (STATE OR COUNTRY): W.Virginia
16. INFORMANT'S SIGNATURE — ADDRESS
17. DATE OF DEATH (MONTH) 11 (DAY) 3 (YEAR) 52

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 256
*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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Carcinoma Of The Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo.

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Liver Failure — 1 Mo.
DUE TO (C) Malnutrition — 1 Weeks

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma Cachexia — 2 Weeks

OPERATIONS AUTOPSY

19A. DATE OF OPERATION: September 23-1952
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Of The Liver
20. AUTOPSY? YES [ ] NO [X]

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 OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9/15, 19 52, TO 11-3, 19 52, THAT I LAST SAW THE DECEASED ALIVE ON 11-3-52, 19 52, AND THAT DEATH OCCURRED AT 6:55 PM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: H.A. Barnes (DEGREE OR TITLE) M.D.
23B. ADDRESS: 23-2. Fine Ave Flagstaff
23C. DATE SIGNED: Nov 6 '52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: Nov.6-1952
24C. NAME OF CEMETERY OR CREMATORY: Williams (IOOF)
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Williams Arizona.
25A. DATE REC'D BY LOCAL REG.: 11-10-52
25B. REGISTRAR'S SIGNATURE: Lurley O. Thompson
26. FUNERAL DIRECTOR'S SIGNATURE: J. Hall Gibb — 16A — ADDRESS: Williams
27. EMBALMER'S SIGNATURE: J. Hall Gibb — 176A — CERT. NO.

FORM VS 2 REV. 4-15-52