Dr Powell

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7719

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 50

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: 9 yr; IN ARIZONA: 9 yr
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yuma General Hospital

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): 812 Dora Avenue

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): RICHARD
B. (MIDDLE): MONROE
C. (LAST): WARD

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED: [ ] / [ ] / [X] / [ ]

7. DATE OF BIRTH: Sept 11 1877

8. AGE: 75 years, 2 months, 26 days

IF UNDER 24 HOURS: HOURS / MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: Farming

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tenn

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.:

14A. FATHER'S NAME: Jim Ward

14B. BIRTHPLACE (STATE OR COUNTRY): Tenn

15A. MOTHER'S MAIDEN NAME: Mary Beaty

15B. BIRTHPLACE (STATE OR COUNTRY): Tenn

16. INFORMANT'S SIGNATURE: Wm Ward
ADDRESS: Rt 3 Box 395 Yuma, Arizona

17. DATE OF DEATH: (MONTH) December (DAY) 7 (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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Arteriosclerosis — 5 yrs
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:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

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 Dec 7 1952 TO Dec 7 1952 THAT I LAST SAW THE DECEASED ALIVE ON Dec 7 1952 AND THAT DEATH OCCURRED AT 5:45A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): W. C. Cann M.D.
23B. ADDRESS: Yuma Ariz
23C. DATE SIGNED: ~~12-10-52~~

24A. BURIAL / CREMATION / REMOVAL: [ ] / [X] / [ ]
24B. DATE: 12-10-52
24C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
24D. LOCATION (CITY, COUNTY, STATE): Yuma, Arizona

25A. DATE REC'D BY LOCAL REG.: 12-10-52
25B. REGISTRAR'S SIGNATURE: Marie Nelson

26. FUNERAL DIRECTOR'S SIGNATURE: R E Johnson
ADDRESS: The Johnson Mortuary, Inc. Box 310 Yuma, Arizona
27. EMBALMER'S SIGNATURE: R E Johnson
CERT. NO.: 246A

FORM VS 2 REV. 2001

CE OF DEATH AND AL RESIDENCE

ECEDENT 'ERSONAL DATA

CAUSE OF DEATH (ITEM 18)

ERATIONS, UTOPSY

DEATH DUE TO TERNAL OLENCE

EDICAL CORONER'S IFICATION

UNERAL RECTOR AND GISTRAR