Dr Powell (3)

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7723

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 64

PLACE OF DEATH AND USUAL RESIDENCE

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: 30 days; IN ARIZONA: 30 days
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: Colorado
B. COUNTY:
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Trinidad
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1808 N. Linden

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): FRELEN B. (MIDDLE): C. (LAST): WRIGHT
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Feb DAY 3 YEAR 1921
8. AGE: YEARS 31 MONTHS 10 DAYS 27
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Truckdriver
9B. KIND OF BUSINESS OR INDUSTRY: Trucking
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Colorado
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) WW2
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: Willard Wright
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn
15A. MOTHER'S MAIDEN NAME: Mossie Gilbert
15B. BIRTHPLACE (STATE OR COUNTRY): Tenn
16. INFORMANT'S SIGNATURE: Mrs Mossie Young ADDRESS: 1808 N. Linden, Trinidad
17. DATE OF DEATH (MONTH) December (DAY) 30 (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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Nephrosis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING 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 FROM 12/25/52, 19__ TO 12/29/52, 19__ THAT I LAST SAW THE DECEASED ALIVE ON 12/29/52, 19__ AND THAT DEATH OCCURRED AT 1:35A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: E Powell (DEGREE OR TITLE) M.D.
23B. ADDRESS: Yuma, Arizona
23C. DATE SIGNED: 12-30-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 12-31-52
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Trinidad, Colorado
25A. DATE REC'D BY LOCAL REG.: 12-30-52
25B. REGISTRAR'S SIGNATURE: Marion 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

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FORM VS 2 REV. 2011