2

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2126

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Apache
B. LENGTH OF STAY: IN THIS TOWN 28 Yrs. IN ARIZONA 57 Yrs
C. CITY OR TOWN: St. Johns — [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): St. Johns Community Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Apache
C. CITY OR TOWN: St. Johns — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): No name or number

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Karl B. (MIDDLE) Orson C. (LAST) Davis

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH 9 DAY 17 YEAR 97
8. AGE (IN YEARS LAST BIRTHDAY): 57
IF UNDER 1 YEAR: MONTHS / DAYS / HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): SALES MGR.
9B. KIND OF BUSINESS OR INDUSTRY: Gen. Store
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.: 526-03-9858
14A. FATHER'S NAME: Alma Davis
14B. BIRTHPLACE (STATE OR COUNTRY): Idaho
15A. MOTHER'S MAIDEN NAME: Annie Johannah Peterson
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Harold Davis. ADDRESS: St. Johns, Arizona.
17. DATE OF DEATH (MONTH) April (DAY) 12 (YEAR) 1955

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Cancer of Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 Months
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Lymphosarcoma
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]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 30, 1955 TO April 12, 1955 THAT I LAST SAW THE DECEASED ALIVE ON April 12, 1955 AND THAT DEATH OCCURRED AT 4:40 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: L. Deneen Wadsworth M.D. DEGREE OR TITLE
22B. ADDRESS: St. Johns
22C. DATE SIGNED: 4/12/55

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 4-14-55
25C. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): St. Johns, Arizona.
26A. DATE REC. BY LOCAL REG.: 4-14-55
26B. REGISTRAR'S SIGNATURE: Etta B. Heap
27A. FUNERAL DIRECTOR'S SIGNATURE: Dan B. Nitty
27B. ADDRESS: Springerville, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 70385

01 / 36 / 3201 / 1 / 1 / 2 / 157 / 0 / 455 / 0 / 0 / 0 / 4 / 1 / 2 / 04 / 2 / 0