

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 31

5 08 PLACE OF DEATH 3 AND 23 AL RESIDENCE *	1. PLACE OF DEATH A. COUNTY Mohave		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 47 yrs 47 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona		B. COUNTY Mohave	
	C. CITY OR TOWN Kingman		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Kingman		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Rural, 23 miles west				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Rural, 23 mi. west			

DECEDENT PERSONAL DATA 173 9 455	3. NAME OF DECEASED (TYPE OR PRINT) Louis G Nuttycombe			4. SEX Male	5. COLOR OR RACE White
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6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	7. DATE OF BIRTH MONTH DAY YEAR Dec 4 1881	8. AGE (IN YEARS LAST BIRTHDAY) 73	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Rancher
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9B. KIND OF BUSINESS OR INDUSTRY Ranch	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) England	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) No	13. SOCIAL SECURITY NO. Unknown
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14A. FATHER'S NAME William Nuttycombe	14B. BIRTHPLACE (STATE OR COUNTRY) England	15A. MOTHER'S MAIDEN NAME Emiley Taylor	15B. BIRTHPLACE (STATE OR COUNTRY) England
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16. INFORMANT'S SIGNATURE Mrs. Fecell Nuttycombe, Kingman	17. DATE OF DEATH April 7- 1955
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CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). 4207	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	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.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) Coronary occlusion		
		11. 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?
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MEDICAL OR CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1955 TO 19... THAT I LAST SAW THE DECEASED ALIVE ON 19... AND THAT DEATH OCCURRED AT About 12:30 p M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE Catherine [Signature]	23B. ADDRESS Kingman	23C. DATE SIGNED 4/11/55

FUNERAL DIRECTOR AND REGISTRAR 38 2 147	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE April 9-55	24C. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Kingman, Ariz
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25A. DATE REC'D BY LOCAL REG. 4-9-55	25B. REGISTRAR'S SIGNATURE Hazel M. Miller	26. FUNERAL DIRECTOR'S SIGNATURE Dale A. Carlstedt	27. EMBALMER'S SIGNATURE 368-A
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