

CERTIFICATE OF DEATH

REGISTRAR'S NO. 86

15
15
OF DEATH
AND
86
AL RESIDENCE
4

DECEDENT
PERSONAL
DATA
157
455

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY Yuma

B. LENGTH OF STAY
IN THIS TOWN 37 yr. IN ARIZONA 37 yr.

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)
A. STATE Arizona B. COUNTY Yuma

C. CITY OR TOWN Yuma IN CITY LIMITS OUTSIDE CITY LIMITS

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3001 Colombia Ave.

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED
A. (FIRST) Salome B. (MIDDLE) Espino C. (LAST) Acosta

4. SEX Female 5. COLOR OR RACE White 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed

6B. NAME OF SPOUSE None

7. DATE OF BIRTH
MONTH Oct DAY 20 YEAR 1895

8. AGE (IN YEARS LAST BIRTHDAY) 59yr. 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife

9B. KIND OF BUSINESS OR INDUSTRY Home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico

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. None

14A. FATHER'S NAME Jesus Espino

14B. BIRTHPLACE (STATE OR COUNTRY) Mexico

15A. MOTHER'S MAIDEN NAME Stephino Idcon

15B. BIRTHPLACE (STATE OR COUNTRY) Mexico

16. INFORMANT'S SIGNATURE Natlie Siegele ADDRESS Yuma Ariz.

17. DATE OF DEATH (MONTH) (DAY) (YEAR)
April 18 1955

CAUSE
OF
DEATH
(EM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) (C).
1801
THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH; ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Coronary thrombosis
DUE TO (B) Coronary Artery Disease
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension

INTERVAL BETWEEN ONSET AND DEATH
1 wk.
1 year.
6 years

OPERATIONS
AUTOPSY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

MEDICAL
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/12, 1955, TO 4/18, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 4/16, 1955, AND THAT DEATH OCCURRED AT 7:00 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) Robert E. Rider M.D.

22B. ADDRESS 167 E. 3rd St. Yuma

22C. DATE SIGNED 4-18-55

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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

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 CREMATION REMOVAL

25B. DATE 4-20-55

25C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona

26A. DATE REC. BY LOCAL REG. 4-18-1955

26B. REGISTRAR'S SIGNATURE Archie D. Smith Registrar

27A. FUNERAL DIRECTOR'S SIGNATURE RE Johnson

27B. ADDRESS Yuma, Arizona