

98373

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

15 33
PLACE OF DEATH
LAND X
RESIDENCE
0202

DECEDENT
PERSONAL
DATA 58
7
555

1. PLACE OF DEATH A. COUNTY Yuma		B. LENGTH OF STAY IN THIS TOWN, IN ARIZONA 5 da 5 da		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE California B. COUNTY Kern	
C. CITY OR TOWN Yuma		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Bakersfield <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION Yuma General Hospital					
3. NAME OF DECEASED A. (FIRST) Billie B. (MIDDLE) V. C. (LAST) Crowder			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced
6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH Mar DAY 2 YEAR 1897	8. AGE (IN YEARS LAST BIRTHDAY) 58	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____
9B. KIND OF BUSINESS OR INDUSTRY Farm		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) yes WW 2	
14A. FATHER'S NAME not available		14B. BIRTHPLACE (STATE OR COUNTRY) unknown	15A. MOTHER'S MAIDEN NAME not available		13. SOCIAL SECURITY NO. 563-22-9789
16. INFORMANT'S SIGNATURE Everett Crowder 815 28th St Bakersfield, Calif			17. DATE OF DEATH (MONTH) May (DAY) 5 (YEAR) 1955		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), OR (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION I. 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. DUE TO (A) Coronary insufficiency DUE TO (B) Chronic arteriosclerosis DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH 5 weeks 10 yrs?
		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of pelvis & sacrum Alcohol - Insob.		6 days
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION 5/6/55	19B. MAJOR FINDINGS OF OPERATION Autopsy	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/30 55 , AND THAT DEATH OCCURRED AT 8:40P 55 , THAT I LAST SAW THE DECEASED ALIVE ON 5/5 , 19 55 .
22A. SIGNATURE Wm Phillips M.D.	22B. ADDRESS Yuma, Ariz
22C. DATE SIGNED 5/6/55	

DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT (SPECIFY) Accident	23B. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Rural Farm	23C. (CITY OR TOWN) (COUNTY) (STATE) Winterhaven Imperial, Calif
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 4-30-55 App. 10:30A	23E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR? tractor overturned

CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE Emel C. Byrd	24B. ADDRESS 501 First ST YUMA ARIZONA	24C. DATE SIGNED 5-6-55
-------------------------	---	--	-----------------------------------

FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 5-7-55	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. 5-6-1955	26B. REGISTRAR'S SIGNATURE Archie Johnson	27. ADDRESS Box 310 Yuma, Arizona
---	---	---