ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5225

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 167

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 75 yrs. IN ARIZONA 75 yrs
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): Yuma General Hospital

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. STREET ADDRESS (IF RURAL, GIVE LOCATION): 229 - 8th Ave.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Ramona B. (MIDDLE) Leivas C. (LAST) Alvarado

4. SEX: F
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
6B. NAME OF SPOUSE: Frank Alvarado
7. DATE OF BIRTH: MONTH Aug DAY 31 YEAR 1876
8. AGE (IN YEARS LAST BIRTHDAY): 78 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
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): no (IF YES, WAR OR DATES OF SERVICE): no
13. SOCIAL SECURITY NO.: none
14A. FATHER'S NAME: Louis Leivas
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Refugia Dinz
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: Mrs. Luz Flores ADDRESS: 559 - 15th Ave. Yuma Ariz.
17. DATE OF DEATH: (MONTH) August (DAY) 4 (YEAR) 1955

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week
DUE TO (B) Arteriosclerotic heart disease — 20 years
DUE TO (C)

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March, 1954 TO Aug, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Aug. 5, 1955, AND THAT DEATH OCCURRED AT 7.35 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Paul M. Berg, MD (DEGREE OR TITLE)
22B. ADDRESS
22C. DATE SIGNED

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 8/9/55
25C. NAME OF CEMETERY OR CREMATORY: Yuma Cemetery, Catholic section ~~Yuma Lawn Memorial Park~~
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Yuma Arizona.
26A. DATE REC. BY LOCAL REG.: 8/8/1955
26B. REGISTRAR'S SIGNATURE: Maryce L. Smith, Deputy Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary, By O. C. Johnson
27B. ADDRESS: Box 310 Yuma

FORM VS-2 REV. 6-1-53 AMPCO 7595

15 OF DEATH
51 AND
RESIDENCE
0202
1
4
CEDENT
3
RSONAL
DATA 178
8
855
CAUSE OF DEATH (ITEM 18) 0 0
RATIONS, UTOPSY 4
EDICAL IFICATION 7
DEATH DUE TO EXTERNAL VIOLENCE
IRONER'S IFICATION 1
UNERAL RECTOR AND GISTRAR 93 2 5 175