

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 23

15
OF DEATH
AND 34
RESIDENCE
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1. PLACE OF DEATH A. COUNTY Yuma		B. LENGTH OF STAY IN THIS TOWN 32 yr IN ARIZONA 32 yr		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Yuma	
C. CITY OR TOWN Somerton		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Somerton <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 128 Adams Street				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 128 Adams Street	

IDENT 1
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DATA 167

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Lucinda B. (MIDDLE) Evelyn C. (LAST) Beshears			4. SEX F.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
6B. NAME OF SPOUSE John Beshears		7. DATE OF BIRTH MONTH DAY YEAR Jan 14 1888	B. AGE (IN YEARS LAST BIRTHDAY) 67	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) 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) no		13. SOCIAL SECURITY NO. none
14A. FATHER'S NAME J.F. Baker		14B. BIRTHPLACE (STATE OR COUNTRY) Texas		15A. MOTHER'S MAIDEN NAME Mary Elizabeth Pinkston		15B. BIRTHPLACE (STATE OR COUNTRY) Texas

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955

16. INFORMANT'S SIGNATURE John Beshears, 128 Adams St., Somerton, Arizona		ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) September 9 1955	
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AUSE
OF
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EM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 months
	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.		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

ACTIONS
TOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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DICAL
FICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 31, 1953, TO Sept 9, 1955, THAT I LAST SAW THE DECEASED ALIVE ON July 31, 1955, AND THAT DEATH OCCURRED AT 12:30A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
22A. SIGNATURE (DEGREE OR TITLE)	22B. ADDRESS
	22C. DATE SIGNED 9/12/55

DEATH
DUE TO
EXTERNAL
VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Natural Cause	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

ONER'S
ICATIONS

24A. CORONER'S SIGNATURE R. Caronah	24B. ADDRESS Somerton	24C. DATE SIGNED 9/5/55
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VERAL
ECTOR 78

25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE 9-9-55	25C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona
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AND
ISTRAR 2
1955

26A. DATE REC. BY LOCAL REG. 9/15/55	26B. REGISTRAR'S SIGNATURE R. Caronah	27A. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary Johnson, Pres.	27B. ADDRESS Box 310, Yuma, Ariz.
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