ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6553

BIRTH NO. 16352

CERTIFICATE OF DEATH

REGISTRAR'S NO. 83

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY IN THIS TOWN: Ashurst 2 weeks 7 days & 2 hr. IN ARIZONA: 3 mos.
C. CITY OR TOWN: 2 M. W. Pima
☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION):

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Navajo
C. CITY OR TOWN: Winslow
☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Navajo Reservation

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Freda
B. (MIDDLE):
C. (LAST): Crosby

4. SEX: F

5. COLOR OR RACE: Indian

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): —

6B. NAME OF SPOUSE: None

7. DATE OF BIRTH MONTH: Sept DAY: 24 YEAR: 1955

8. AGE (IN YEARS LAST BIRTHDAY): IF UNDER 1 YEAR MONTHS: 1 DAYS: 26 IF UNDER 24 HRS. HOURS: MIN.:

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): —

9B. KIND OF BUSINESS OR INDUSTRY: —

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Winslow Ariz

11. CITIZEN OF WHAT COUNTRY? U.S.

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: Martin Crosby

14B. BIRTHPLACE (STATE OR COUNTRY): Leupp, Ariz.

15A. MOTHER'S MAIDEN NAME: Betty Kelly

15B. BIRTHPLACE (STATE OR COUNTRY): Leupp, Arizona

16. INFORMANT'S SIGNATURE: W. T. Schultz ADDRESS:

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

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C).
493X
‡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.

11:30 AM. **MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Pneumonitis.
INTERVAL BETWEEN ONSET AND DEATH: Hrs.

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

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~~ Nov. 18, 1955, TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON Nov. 18, 1955, AND THAT DEATH OCCURRED AT 11:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE Charles H. Karr (DEGREE OR TITLE) M. D.
22B. ADDRESS Safford, Arizona
22C. DATE SIGNED Nov. 18, 1955

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: 11/19/55
25C. NAME OF CEMETERY OR CREMATORY: Ashurst Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Ashurst, Arizona

26A. DATE REC. BY LOCAL REG.: Nov 18-55
26B. REGISTRAR'S SIGNATURE: J. K. Shattuck M.D. Deputy Co. Supt.
27A. FUNERAL DIRECTOR'S SIGNATURE: Jenny 8SA.
27B. ADDRESS: Safford Ariz

FORM VS-2 REV. 6-1-53 AMPCO 70385