ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0047

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 151

1. PLACE OF DEATH
A. COUNTY: Coconino
B. LENGTH OF STAY — IN THIS TOWN: Tourist; IN ARIZONA: Tourist
C. CITY OR TOWN: 12 Miles East of Williams — ☐ IN CITY LIMITS ☑ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 12 Mile E. of Williams

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: California
B. COUNTY:
C. CITY OR TOWN: Likely — ☑ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: — (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Edna B. (MIDDLE) Josephine C. (LAST) Drew

4. SEX: Fe **5. COLOR OR RACE:** White **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Married

6B. NAME OF SPOUSE: George Drew

7. DATE OF BIRTH MONTH: 2 DAY: 26 YEAR: 1882

8. AGE (IN YEARS LAST BIRTHDAY): 73 — 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): Missouri

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): None

13. SOCIAL SECURITY NO.: Unknown.

14A. FATHER'S NAME: Michael H. Scanlin

14B. BIRTHPLACE (STATE OR COUNTRY): Penn.

15A. MOTHER'S MAIDEN NAME: Catherine M. Waggoner

15B. BIRTHPLACE (STATE OR COUNTRY): Old Virginia

16. INFORMANT'S SIGNATURE: Inez Jenkins — ADDRESS: Albuquerque N.M.

17. DATE OF DEATH (MONTH) (DAY) (YEAR): January 16 1956

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Hemorrhage Extravasation and Shock Traumatic — INTERVAL BETWEEN ONSET AND DEATH: —

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

DUE TO (B) Multiple fractures of Ribs and Sternum; —

DUE TO (C) Both Femurs; Both Tibias and Both Fibulas —

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Superficial facial wounds —

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Not Attended, 19__, TO ____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON Not attended AND THAT DEATH OCCURRED AT about 2:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Thos H Calley MD — **22B. ADDRESS:** Williams Ariz — **22C. DATE SIGNED:** Jan. 17-1956

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 12 Mi. E. of Williams Hwy 66

23C. (CITY OR TOWN) (COUNTY) (STATE): Williams, Coconino, Arizona

23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): January 16, 1956 - 2:00 P.M.

23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR? Automobile Accident

24A. CORONER'S SIGNATURE: Thomas E. Way — **24B. ADDRESS:** Williams Arizona — **24C. DATE SIGNED:** 1-17-56

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒ — **25B. DATE:** 1/19/56 — **25C. NAME OF CEMETERY OR CREMATORY:** Likely Cemetary — **25D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE): Likely California

26A. DATE REC. BY LOCAL REG.: 1-23-56 — **26B. REGISTRAR'S SIGNATURE:** Harley D. Thompson — **27A. FUNERAL DIRECTOR'S SIGNATURE:** [illegible] — **27B. ADDRESS:** Williams Arizona.

FORM VS-2 REV. 6-1-58 AMPCO 77695