ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0696

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY — IN THIS TOWN: 9hr; IN ARIZONA: 5hr
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 Gen 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): Yuma Gen Hospital

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Suzanne B. (MIDDLE) Marie C. (LAST) Sanchez

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

6B. NAME OF SPOUSE: None

7. DATE OF BIRTH — MONTH: Jan DAY: 4 YEAR: 1956

8. AGE (IN YEARS LAST BIRTHDAY): — IF UNDER 1 YEAR: MONTHS: DAYS: IF UNDER 24 HRS.: HOURS: 5 MIN.: 25

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

9B. KIND OF BUSINESS OR INDUSTRY: Child

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Yuma Arizona

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):

13. SOCIAL SECURITY NO.: None

14A. FATHER'S NAME: Jim Sanchez

14B. BIRTHPLACE (STATE OR COUNTRY): Yuma Arizona

15A. MOTHER'S MAIDEN NAME: Eleanor Beltran

15B. BIRTHPLACE (STATE OR COUNTRY): Arizona

16. INFORMANT'S SIGNATURE: Jim Sanchez ADDRESS: Yuma Arizona

17. DATE OF DEATH (MONTH): Jan (DAY): 4 (YEAR): 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) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 5 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 1/4 1956 TO 1/4 1956 THAT I LAST SAW THE DECEASED ALIVE ON 1/4 1956 AND THAT DEATH OCCURRED AT 10:05 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) **22B. ADDRESS** **22C. DATE SIGNED** 1/7/56

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** 1/6/56 **25C. NAME OF CEMETERY OR CREMATORY** Desert Lawn Mem Pk **25D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE) Yuma Ariz

26A. DATE REC. BY LOCAL REG. 1-6-1956 **26B. REGISTRAR'S SIGNATURE** Bernice Smith Deputy Registrar **27A. FUNERAL DIRECTOR'S SIGNATURE** The Johnson Mortuary O. Johnson Pres **27B. ADDRESS** Box 310 Yuma Ariz

FORM VS-2 REV. 6-1-53 AMPCO 72695