ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 073166

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 8 Mos. IN ARIZONA: 8 Mos.
C. CITY OR TOWN: ~~Benson~~ Pomerene — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Cascabel Road

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Pomerene — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 12

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Dolores B. (MIDDLE) Marianne C. (LAST) Bates

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

6B. NAME OF SPOUSE: - - - - -

7. DATE OF BIRTH MONTH: Jan DAY: 22 YEAR: 53

8. AGE (IN YEARS LAST BIRTHDAY): 1 — 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): Child

9B. KIND OF BUSINESS OR INDUSTRY: child

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Germany

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: Carl Herbert Bates

14B. BIRTHPLACE (STATE OR COUNTRY): Wisconsin

15A. MOTHER'S MAIDEN NAME: Elisabeth Eva Jourdan

15B. BIRTHPLACE (STATE OR COUNTRY): Germany

16. INFORMANT'S SIGNATURE: Carl H. Bates — ADDRESS: Pomerene

17. DATE OF DEATH (MONTH) Jan. (DAY) 20 (YEAR) 1956

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (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.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Drowning — 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)
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 Seen after Death. 19____, THAT I LAST SAW THE DECEASED ALIVE ON ____ 19____, AND THAT DEATH OCCURRED AT 3:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE J. M. Hesser (DEGREE OR TITLE) M.D. **22B. ADDRESS** Benson, Arizona **22C. DATE SIGNED** 1-20-56

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): at home
23C. (CITY OR TOWN) (COUNTY) (STATE): Pomerene, Cochise, Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 1 - 20-56 3.45 P.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Fell in irragation ditch.

24A. CORONER'S SIGNATURE Harold W. Holcomb Justice of the Peace Precinct No 3 Cochise Co.
24B. ADDRESS Benson, Arizona **24C. DATE SIGNED** 1-23-56

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐ **25B. DATE** 1-23-56 **25C. NAME OF CEMETERY OR CREMATORY** Pomerene Cemetery **25D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE): Pomerene, Arizona

26A. DATE REC. BY LOCAL REG. 2-13-56 **26B. REGISTRAR'S SIGNATURE** Amy Lowery, Dep. Local Reg.
27A. FUNERAL DIRECTOR'S SIGNATURE Howard A. Bring
27B. ADDRESS Bring's Funeral Home Tucson, Arizona

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