ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1009

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 54

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 2 yrs; IN ARIZONA: 2 yrs
C. CITY OR TOWN: Mesa — XXX IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 714 West Pepper

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: UTAH
B. COUNTY: Uintah
C. CITY OR TOWN: Vernal — ☐ IN CITY LIMITS XX OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rural (no address)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) HORACE B. (MIDDLE) WICKERSHAM C. (LAST) WOOLLEY

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ---
7. DATE OF BIRTH — MONTH: 12 DAY: 9 YEAR: 64
8. AGE (IN YEARS LAST BIRTHDAY): 91 — 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): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Sheep
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? USA
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: Samuel W. Woolley
14B. BIRTHPLACE (STATE OR COUNTRY): Ill.
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Ill.
16. INFORMANT'S SIGNATURE — ADDRESS: Mrs. Iona W. Leigh -- Mesa, Ariz.
17. DATE OF DEATH (MONTH) Feb. (DAY) 27, (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) Hypertensive Cardio-vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 20-25yrs

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

DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Malnutrition — 6 mos

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2/24, 1956 TO 2-27-, 56, THAT I LAST SAW THE DECEASED ALIVE ON 2/24, 1956, AND THAT DEATH OCCURRED AT 5:30 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): C. S. Elliott M.D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 2-28-56

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: 2-28-56
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Vernal, Utah

26A. DATE REC. BY LOCAL REG.: 2-28-56
26B. REGISTRAR'S SIGNATURE: Opal Sheldon Dep
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: MELDRUM MORTUARY ~~52 N. Macdonald Mesa, Ariz.~~

FORM VS-2 REV. 6-1-53 [illegible] AMPCO 77595

MELDRUM MORTUARY & CHAPEL

CAUSE OF DEATH (ITEM 18) — OPERATIONS, AUTOPSY — MEDICAL CERTIFICATION — DEATH DUE TO EXTERNAL VIOLENCE — CORONER'S CERTIFICATION — FUNERAL DIRECTOR AND REGISTRAR