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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2957

CERTIFICATE OF DEATH

REGISTRAR'S NO. 52

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Coconino
B. LENGTH OF STAY: IN THIS TOWN 2 yrs; IN ARIZONA 30 yrs
C. CITY OR TOWN: Flagstaff — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Flagstaff Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Coconino
C. CITY OR TOWN: Flagstaff — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 34 Beal Dr., Antelope Valley

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Kathryn B. (MIDDLE) Crum C. (LAST) Romney
4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: L. K. Romney
7. DATE OF BIRTH: MONTH May DAY 10 YEAR 1923
8. AGE (IN YEARS LAST BIRTHDAY): 33 — 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): New Mexico
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): no
13. SOCIAL SECURITY NO.: unk.
14A. FATHER'S NAME: T. R. Crum
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Lucenda Mortenson
15B. BIRTHPLACE (STATE OR COUNTRY): New Mexico
16. INFORMANT'S SIGNATURE: L. K. Romney — ADDRESS: Box 637 Flagstaff, Ariz.
17. DATE OF DEATH: (MONTH) May (DAY) 28 (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) asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 6 min

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) plug of mucus in trachea — 5 min
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. status epilepticus — 2 days

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5/27, 1956, TO 5/28, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 5/28, 1956 AND THAT DEATH OCCURRED AT 9:30 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): John F. Cullen MD
22B. ADDRESS: 110 W. Birch Ave Flagstaff
22C. DATE SIGNED: 5/28/56

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?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: May 29, 1956
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Duncan, Arizona
26A. DATE REC. BY LOCAL REG.: 5/29/56
26B. REGISTRAR'S SIGNATURE: F. McGee
27A. FUNERAL DIRECTOR'S SIGNATURE: W. L. Compton
27B. ADDRESS: Flagstaff, Arizona

FORM VS-2 REV. 8-1-53 AMPCO 70365