Punched

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3512

BIRTH NO. 4851

CERTIFICATE OF DEATH

REGISTRAR'S NO. 106

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: YUMA
B. LENGTH OF STAY: IN THIS TOWN 6 weeks; IN ARIZONA 6 weeks
C. CITY OR TOWN: PARKER — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Colorado River Indian Hospital

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

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) BRADY B. (MIDDLE) BURNETT C. (LAST) ARKIE
4. SEX: Male
5. COLOR OR RACE: Indian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): --
6B. NAME OF SPOUSE: --
7. DATE OF BIRTH: MONTH 3 DAY 1 YEAR 56
8. AGE (IN YEARS LAST BIRTHDAY): -
IF UNDER 1 YEAR: MONTHS 1 DAYS 14
IF UNDER 24 HRS.: HOURS - MIN. -
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): --
9B. KIND OF BUSINESS OR INDUSTRY: -
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ARIZONA
11. CITIZEN OF WHAT COUNTRY? UNITED STATES
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): -
(IF YES, WAR OR DATES OF SERVICE): -
13. SOCIAL SECURITY NO.: -
14A. FATHER'S NAME: Harry D. Arkie
14B. BIRTHPLACE (STATE OR COUNTRY): CALIFORNIA
15A. MOTHER'S MAIDEN NAME: Janette Narcho
15B. BIRTHPLACE (STATE OR COUNTRY): ARIZONA
16. INFORMANT'S SIGNATURE: Sarah Arkie — ADDRESS: Rt. 1, Box 12, Parker, Arizona
17. DATE OF DEATH: (MONTH) April (DAY) 14th (YEAR) 1956

CAUSE OF DEATH (ITEM 18)

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) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

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.

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Apr. 13, 1956, TO Apr. 14, 1956, THAT I LAST SAW THE DECEASED ALIVE ON Apr. 14, 1956, AND THAT DEATH OCCURRED AT 3:00 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Frederick H. Kuitems, M.D.
22B. ADDRESS: Colorado River Hosp. Parker, Ariz.
22C. DATE SIGNED: April 14, 1956

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: O.N. Hamilton
24B. ADDRESS: Parker Arizona
24C. DATE SIGNED: 4/14-56

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☒
25B. DATE: 4-14-46
25C. NAME OF CEMETERY OR CREMATORY: Parker Public
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Parker Ariz.
26A. DATE REC. BY LOCAL REG.: 4/14/56
26B. REGISTRAR'S SIGNATURE: J.B. Roberts
27A. FUNERAL DIRECTOR'S SIGNATURE: H.L. Coffinger
27B. ADDRESS: Winchester Ariz.

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