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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3528

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 92

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY IN THIS TOWN: 37 yr; IN ARIZONA: 37 yr
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 General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Y ma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 268 First A e

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John B. (MIDDLE) Franklin C. (LAST) Shamblin
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH Feb DAY 9 YEAR 1874
8. AGE (IN YEARS LAST BIRTHDAY): 82 — 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, retired
9B. KIND OF BUSINESS OR INDUSTRY: Ranching
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tenn.
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: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): unk
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unk
16. INFORMANT'S SIGNATURE / ADDRESS: Mrs. Helen Beeler, 1208 E. Highland, Phoenix, Ariz
17. DATE OF DEATH: (MONTH) May (DAY) 4 (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) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 18 Apr 56
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Perforated Duodenal Ulcer — 18 Apr 56
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: 18 Apr 56
19B. MAJOR FINDINGS OF OPERATION: Perforated Duodenal Ulcer
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 18 Apr 56 TO 4 May 1956 THAT I LAST SAW THE DECEASED ALIVE ON 4 May 56 AND THAT DEATH OCCURRED AT 1:50 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE / DEGREE OR TITLE: [illegible] MD
22B. ADDRESS: Yuma Ariz
22C. DATE SIGNED: 7 May 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 8, 1956
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Y ma, Arizona
26A. DATE REC. BY LOCAL REG.: 5-8-1956
26B. REGISTRAR'S SIGNATURE: Bernice G. Smith, Deputy Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: T e Johnson Mortuary, By O. Johnson, Pres.
27B. ADDRESS: B x 310 Yuma, Arizona

FORM VS-2 REV. 8-1-53 AMPCO 7/895

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