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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4284

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 124

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 55 yrs; IN ARIZONA 55 yrs
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: Somerton — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Cano St.

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ricardo B. (MIDDLE) Algeria C. (LAST) Contreras
4. SEX: M
5. COLOR OR RACE: Cauc.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Luz Contreras
7. DATE OF BIRTH: MONTH June DAY 13 YEAR 1892
8. AGE (IN YEARS LAST BIRTHDAY): 64 — 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): laborer
9B. KIND OF BUSINESS OR INDUSTRY: agriculture
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
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.: unknown
14A. FATHER'S NAME: Dimacio Contreras
14B. BIRTHPLACE (STATE OR COUNTRY): unknown
15A. MOTHER'S MAIDEN NAME: unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: Evaristo Contreras — ADDRESS: Somerton, Arizona
17. DATE OF DEATH (MONTH) June (DAY) 19 (YEAR) 1956

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) CARDIAC FAILURE - ACUTE
DUE TO (B) CARCINOMA KIDNEY - Rt. with 10 mos.
DUE TO (C) METASTASES -
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. ATHEROSCLEROSIS LONG STANDING.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM MAY, 19 56, TO 19 JUNE, 19 56 THAT I LAST SAW THE DECEASED ALIVE ON 19 JUNE, 19 56 AND THAT DEATH OCCURRED AT 5:15 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Jerry D. Lyle M.D. (DEGREE OR TITLE)
22B. ADDRESS: Yuma Ariz.
22C. DATE SIGNED: 20 JUNE 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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 6/23/56
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
26A. DATE REC. BY LOCAL REG.: 6-23-1956
26B. REGISTRAR'S SIGNATURE: Dennis D. Smith Deputy Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary By Ed Johnson Pres.
27B. ADDRESS: Box 310 Yuma, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 77595