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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4292

BIRTH NO. 13325

CERTIFICATE OF DEATH

REGISTRAR'S NO. 122

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN: 1 day; IN ARIZONA: 1 day
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: Yuma — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt. #1, Box 843 (14th St.)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Michael B. (MIDDLE) Joe C. (LAST) Lorance

4. SEX: M

5. COLOR OR RACE: Cauc.

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): never married

6B. NAME OF SPOUSE:

7. DATE OF BIRTH: MONTH June; DAY 16; YEAR 1956

8. AGE (IN YEARS LAST BIRTHDAY): IF UNDER 1 YEAR: MONTHS; DAYS 1; IF UNDER 24 HRS.: HOURS; MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): child

9B. KIND OF BUSINESS OR INDUSTRY: child

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona

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: Donald Lorance

14B. BIRTHPLACE (STATE OR COUNTRY): Arizona

15A. MOTHER'S MAIDEN NAME: Dorothy Clark

15B. BIRTHPLACE (STATE OR COUNTRY): Arizona

16. INFORMANT'S SIGNATURE: Donald Lorance — ADDRESS: Yuma, Arizona

17. DATE OF DEATH: (MONTH) June (DAY) 17 (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) Premature birth — INTERVAL BETWEEN ONSET AND DEATH: 7 day

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Premature rupture
DUE TO (C) of the membranes — 2 days

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 16 June, 19 56 TO 17 June, 19 56 THAT I LAST SAW THE DECEASED ALIVE ON 17 June, 19 56 AND THAT DEATH OCCURRED AT 6:40 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): John F. Stanley M.D.
22B. ADDRESS: Yuma Arizona
22C. DATE SIGNED: 18 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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 6/20/56
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.: 6-20-1956
26B. REGISTRAR'S SIGNATURE: Bernice D. Smith, Deputy Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: The Gadsden Mortuary, By C. Coleman
27B. ADDRESS: Box 310, Yuma

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