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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4903

CERTIFICATE OF DEATH

BIRTH NO. 15926

REGISTRAR'S NO. 136

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 3 days; IN ARIZONA 3 days
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): 1309 15th St.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Linda B. (MIDDLE) Ann C. (LAST) McClure

4. SEX: F
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): never married
6B. NAME OF SPOUSE: none
7. DATE OF BIRTH: MONTH June DAY 30 YEAR 1956
8. AGE (IN YEARS LAST BIRTHDAY): IF UNDER 1 YEAR: MONTHS; DAYS 3; 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): Yuma, 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: John Howard McClure
14B. BIRTHPLACE (STATE OR COUNTRY): Penn.
15A. MOTHER'S MAIDEN NAME: Susan Francis Clock
15B. BIRTHPLACE (STATE OR COUNTRY): California
16. INFORMANT'S SIGNATURE: John Howard McClure — ADDRESS: Yuma, Arizona
17. DATE OF DEATH: (MONTH) July (DAY) 3 (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) Hydrus Menfrone — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Bilateral Congenital atelectasis — 3 days.
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
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-30, 1956, TO 7-3, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 7-3, 1956, AND THAT DEATH OCCURRED AT 10:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: G. Calvin Williamson (DEGREE OR TITLE) M.D.
22B. ADDRESS: Yuma Ariz.
22C. DATE SIGNED: 7-3-56

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: 7/5/56
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.: 7-5-1956
26B. REGISTRAR'S SIGNATURE: Phyllis Smith, Deputy Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary, O. Johnson, Pres.
27B. ADDRESS: P. O. Box 310, Yuma, Arizona

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