ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7465

CERTIFICATE OF DEATH

REGISTRAR'S NO. 79

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY: IN THIS TOWN 3 Mo. IN ARIZONA 8 yrs.
C. CITY OR TOWN: Maricopa ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Hartman & Urrea Ranch

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN: Maricopa ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Gen. Del.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Flossie B. (MIDDLE) Dean C. (LAST) Peavey
4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Albert Peavey
7. DATE OF BIRTH: MONTH June DAY 15 YEAR 35
8. AGE (IN YEARS LAST BIRTHDAY): 21 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): None
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Alabama
11. CITIZEN OF WHAT COUNTRY?: U S A
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE): No
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Carlos O. Crane
14B. BIRTHPLACE (STATE OR COUNTRY): Alabama
15A. MOTHER'S MAIDEN NAME: Rosetta
15B. BIRTHPLACE (STATE OR COUNTRY): Miss.
16. INFORMANT'S SIGNATURE: Pearl Parsons ADDRESS:
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Nov. 22, 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) Suffocation + Burns
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) gas explosion in house
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM seen after death only, TO, THAT I LAST SAW THE DECEASED ALIVE ON, 19, AND THAT DEATH OCCURRED AT H. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Ray F. Lamb (DEGREE OR TITLE) M.D.
22B. ADDRESS: Casa Grande Ariz
22C. DATE SIGNED: 11-24-56

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) accident.
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Home
23C. (CITY OR TOWN) (COUNTY) (STATE): Maricopa Pinal Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Nov. 22, 1956 Approx 2 PM
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR?: Explosion in house. House burned down

24A. CORONER'S SIGNATURE: Frank R Lombard
24B. ADDRESS: Maricopa, Arizona
24C. DATE SIGNED: 11/22/56

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: Nov. 27, 1956
25C. NAME OF CEMETERY OR CREMATORY:
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 11-26-56
26B. REGISTRAR'S SIGNATURE: Mrs Marion L Parkhurst
27A. FUNERAL DIRECTOR'S SIGNATURE: Cole Funeral Mortuary
27B. ADDRESS: Casa Grande, Arizona

FORM VS-2 REV. 6-1-53 AMPCO 6-54 15M 795/3

17 OF DEATH
AND 98
RESIDENCE
X-
CEDENT 1
RSONAL 171
DATA 4
X56
9160
CAUSE OF DEATH 0
TEM 18) 0
RATIONS, 2
UTOPSY
98
EDICAL 2
IFICATION 2
DEATH 2
DUE TO EXTERNAL VIOLENCE
RONER'S 5
IFICATION
UNERAL 77
RECTOR AND GISTRAR 2
108