ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7984

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 128

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 38 Yrs. IN ARIZONA 38 Yrs.
C. CITY OR TOWN: Wickenburg ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Diamond G. Ranch Prescott HWY

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Wickenburg ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Diamond G. Ranch Prescott, Highway

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) William B. (MIDDLE) Stevens C. (LAST) Heigho
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Barbara B.
7. DATE OF BIRTH: MONTH Oct. DAY 7 YEAR 1905
8. AGE (IN YEARS LAST BIRTHDAY): 51 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): Lithograph
9B. KIND OF BUSINESS OR INDUSTRY: Printing
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Michigan
11. CITIZEN OF WHAT COUNTRY?: USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): WW# 2
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: George William Heigho
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Edna Webster
15B. BIRTHPLACE (STATE OR COUNTRY): Michigan
16. INFORMANT'S SIGNATURE AND ADDRESS: Mrs. Barbara Heigho 8 Yale Circle Berkeley 8, California
17. DATE OF DEATH: (MONTH) Dec. (DAY) 9 (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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Acute Chronic Alcoholism — Several years
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 1-20-56, 19__, TO 12-7-56, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 12-7-56, 19__, AND THAT DEATH OCCURRED AT 1:50 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Floyd B. Brallier, M.D.
22B. ADDRESS: Wickenburg, Arizona
22C. DATE SIGNED: DEC 11 1956

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: 12-12-56
25C. NAME OF CEMETERY OR CREMATORY: Wickenburg
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg Arizona
26A. DATE REC. BY LOCAL REG.: 12-12-56
26B. REGISTRAR'S SIGNATURE: H. L. Waechter
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Coffinger
27B. ADDRESS: Wickenburg Ariz

FORM VS-2 REV. 6-1-53 AMPCO 70385