ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 1190

BIRTH NO.

REGISTRAR'S NO. 140

PLACE OF DEATH AND USUAL RESIDENCE 0348

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 4 Mo. IN ARIZONA 4 Mo.
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): Community Hospital

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): 188 Jackson St.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Sandra B. (MIDDLE) Sue C. (LAST) Shaw
4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH Aug. DAY 29 YEAR 1942
8. AGE (IN YEARS LAST BIRTHDAY): 14 — 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): Student
9B. KIND OF BUSINESS OR INDUSTRY: Student
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Louisiana
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: Fred H. Shaw
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Gladys Hughes
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Mrs. Fred Shaw ADDRESS: Wickenburg Arizona
17. DATE OF DEATH (MONTH) Feb. (DAY) 23 (YEAR) 1957

CAUSE OF DEATH (ITEM 18)

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) Concussion — INTERVAL BETWEEN ONSET AND DEATH: 6h

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Trauma of auto accident — 6h
DUE TO (C)

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

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 22 19 57 TO Feb 23 19 57 ALIVE ON Feb 23 19 57 AND THAT DEATH OCCURRED AT 5:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. THAT I LAST SAW THE DECEASED
22A. SIGNATURE (DEGREE OR TITLE): [illegible] MD
22B. ADDRESS: Wickenburg Arizona
22C. DATE SIGNED: 2-23-57

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.): Constellation Rd. 1½ Mi. N. E.
23C. (CITY OR TOWN) (COUNTY) (STATE): Wickenburg Maricopa Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 2-22-57 11:00 P.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Automobile Accident

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: R. L. Westall Coroner
24B. ADDRESS: Box 794 Wickenburg
24C. DATE SIGNED: Feb 23 57

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 2-24-57
25C. NAME OF CEMETERY OR CREMATORY:
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Jefferson Texas
26A. DATE REC. BY LOCAL REG.: 2-24-57
26B. REGISTRAR'S SIGNATURE: Mrs. J. H. Wachter Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: W. L. Coffinger
27B. ADDRESS: Wickenburg Ariz

FORM VS-2 REV. 6-1-53 AMPCO 70