ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2309

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 50

| | |
|---|---|
| 1. PLACE OF DEATH A. COUNTY | Cochise |
| B. LENGTH OF STAY IN THIS TOWN | 1 day |
| IN ARIZONA | 40 yrs. |
| C. CITY OR TOWN | Douglas |
| ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS | |
| D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) | Cochise County Hospital |
| 2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE | Arizona |
| B. COUNTY | Cochise |
| C. CITY OR TOWN | Portal |
| ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS | |
| D. STREET ADDRESS (IF RURAL, GIVE LOCATION) | Gen Del |
| 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) | Frances |
| B. (MIDDLE) | Delilah |
| C. (LAST) | Olney |
| 4. SEX | Female |
| 5. COLOR OR RACE | White |
| 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | Widow |
| 6B. NAME OF SPOUSE | |
| 7. DATE OF BIRTH MONTH | 10 |
| DAY | 3 |
| YEAR | 91 |
| 8. AGE (IN YEARS LAST BIRTHDAY) | 65 |
| 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) | Housewife |
| 9B. KIND OF BUSINESS OR INDUSTRY | |
| 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | New Mexico |
| 11. CITIZEN OF WHAT COUNTRY? | U. S. |
| 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) | no |
| 13. SOCIAL SECURITY NO. | none |
| 14A. FATHER'S NAME | Joe Lyall |
| 14B. BIRTHPLACE (STATE OR COUNTRY) | Mo. |
| 15A. MOTHER'S MAIDEN NAME | Catherine Ezhorn |
| 15B. BIRTHPLACE (STATE OR COUNTRY) | Calif. |
| 16. INFORMANT'S SIGNATURE | Cochise Co. Hosp. Records |
| ADDRESS | |
| 17. DATE OF DEATH (MONTH) | April |
| (DAY) | 16 |
| (YEAR) | 1957 |

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) Carcinoma of Pancreas

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)

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: Not known

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/4, 1957, TO 4/16, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 4/16, 1957, AND THAT DEATH OCCURRED AT 6 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): R. E. Montgomery, MD

22B. ADDRESS: Douglas

22C. DATE SIGNED: 4/23/57

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: 4-20-57

25C. NAME OF CEMETERY OR CREMATORY: Paradise

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Paradise, Arizona

26A. DATE REC. BY LOCAL REG.: Apr. 23/57

26B. REGISTRAR'S SIGNATURE: E. W. Adamson

27A. FUNERAL DIRECTOR'S SIGNATURE: Curtis Pagin

27B. ADDRESS: Douglas, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 77695