ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2586

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 152

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 5 Yrs. IN ARIZONA 5 Yrs.
C. CITY OR TOWN: Wickenburg — [X] 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 — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 153 N. Lincoln St.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): John
B. (MIDDLE): Virgil
C. (LAST): Crone

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Beulah Belle
7. DATE OF BIRTH: MONTH Jan DAY 11 YEAR 1883
8. AGE (IN YEARS LAST BIRTHDAY): 74 — 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): Wood Carver
9B. KIND OF BUSINESS OR INDUSTRY: Wood Carver
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Okla
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.: 454-09-0869
14A. FATHER'S NAME: A. L. Crone
14B. BIRTHPLACE (STATE OR COUNTRY): Ark.
15A. MOTHER'S MAIDEN NAME: Sarah Cansler
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Mrs. Beulah Crone — ADDRESS: Wickenburg Arizona
17. DATE OF DEATH: (MONTH) April (DAY) 24 (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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Myocardial failure — 8 Weeks
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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1954, 19__, TO 4.24.57, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 4-23-57, 19__, AND THAT DEATH OCCURRED AT 6:35 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Floyd B. Brallier (DEGREE OR TITLE) M.D.
22B. ADDRESS: Wickenburg, Arizona
22C. DATE SIGNED: 4-25-57

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 4-27-57
25C. NAME OF CEMETERY OR CREMATORY: Wickenburg
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg Arizona
26A. DATE REC. BY LOCAL REG.: 4-26-57
26B. REGISTRAR'S SIGNATURE: R. H. Wachter
27A. FUNERAL DIRECTOR'S SIGNATURE: R. L. Offinger
27B. ADDRESS: Wickenburg Arizona

FORM VS-2 REV. 6-1-53 AMPCO 77595

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