ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2960

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Apache
B. LENGTH OF STAY — IN THIS TOWN: 66 Yrs; IN ARIZONA: 66 Yrs
C. CITY OR TOWN: St. Johns — [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): No name or number

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Apache
C. CITY OR TOWN: St. Johns — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): No name or number
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Louise
B. (MIDDLE): Jane
C. (LAST): Eagar

4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: John E. Eagar
7. DATE OF BIRTH — MONTH: 2 DAY: 6 YEAR: 87
8. AGE (IN YEARS LAST BIRTHDAY): 70 — IF UNDER 1 YEAR: MONTHS / DAYS / HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
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: John W. Brown
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Cynthia Berry
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: John E. Eagar — ADDRESS: St. Johns, Arizona
17. DATE OF DEATH — (MONTH): April (DAY): 28 (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) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 30 days
DUE TO: Metastatic Carcinoma 6 Months
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO: Adeno Carcinoma of Breast 5 Years

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 Sept. 54 TO April 28 57, ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT 6:30 A.M./P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. THAT I LAST SAW THE DECEASED

22A. SIGNATURE: Spencer Ellsworth (DEGREE OR TITLE) MD
22B. ADDRESS: St. Johns
22C. DATE SIGNED: 4/30/57

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?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 4-30-57
25C. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): St. Johns, Arizona
26A. DATE REC. BY LOCAL REG. 4-30-57
26B. REGISTRAR'S SIGNATURE: Florence Beattie
27A. FUNERAL DIRECTOR'S SIGNATURE: Dan B. Nettz
27B. ADDRESS: Springerville, Ariz.
28. EMBALMER'S SIGNATURE: Dan B. Nettz
28B. EMBALMER'S CERT. NO. 266

FORM VS-2 REV. 3-15-55

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