ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 35 3551

1. PLACE OF DEATH A. COUNTY	Pinal
B. LENGTH OF STAY IN THIS TOWN	2 Days
IN ARIZONA	33 Years
C. CITY OR TOWN	Ray.
☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Ray Hospital, Ray Ariz.
2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE	Ariz
B. COUNTY	Gila
C. CITY OR TOWN	Winkleman
☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS	
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	3rd & Stevenson Ave
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST)	Mattison
B. (MIDDLE)	Albert
C. (LAST)	Morrison
4. SEX	M
5. COLOR OR RACE	Cauc.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
6B. NAME OF SPOUSE	Mae Walls
7. DATE OF BIRTH MONTH	Sept.
DAY	24
YEAR	1888
8. AGE (IN YEARS LAST BIRTHDAY)	68
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)	Smelter Work
9B. KIND OF BUSINESS OR INDUSTRY	Copper
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	Texas
11. CITIZEN OF WHAT COUNTRY?	U.S.A.
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.	526-03-5185
14A. FATHER'S NAME	Mattison Bchelton Morrison
14B. BIRTHPLACE (STATE OR COUNTRY)	Unknown
15A. MOTHER'S MAIDEN NAME	Mary Ann Portwood
15B. BIRTHPLACE (STATE OR COUNTRY)	Unknown
16. INFORMANT'S SIGNATURE	x Mary Ann Goins
ADDRESS	
17. DATE OF DEATH (MONTH)	May
(DAY)	12
(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 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A)	Myo Cardial Failure
INTERVAL BETWEEN ONSET AND DEATH	1 Week
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)	Cardio Vascular Renal Heart Disease 1 Year
DUE TO (C)	
11. 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 ☒	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	
21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21C. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M	
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM	May 6, 1957, TO May 12, 1957, THAT I LAST SAW THE DECEASED ALIVE ON May 12, 1957, AND THAT DEATH OCCURRED AT 12 10 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE)	W. C. Stevens MD
23B. ADDRESS	Ray Ariz.
23C. DATE SIGNED	5/12/57
24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐	
24B. DATE	May 14 1957
24C. NAME OF CEMETERY OR CREMATORY	Mountain View Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	Winkelman Arizona
25A. DATE REC'D BY LOCAL REG.	May 16, 1957
25B. REGISTRAR'S SIGNATURE	Gerald N. Crandall
26. FUNERAL DIRECTOR'S SIGNATURE	Byron N. Griffith
ADDRESS	Hayden Arizona
27. EMBALMER'S SIGNATURE	Byron N. Griffith
CERT. NO.	330

FORM VS 2 REV. 1-1-53