ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4326

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 104

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY — IN THIS TOWN: 11 Yrs; IN ARIZONA: 11 Yrs
C. CITY OR TOWN: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2802 Fern Dr

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2802 Fern Dr.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Udall B. (MIDDLE) Wilson C. (LAST) Pace
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Irma Acord Pace
7. DATE OF BIRTH — MONTH: May DAY: 11 YEAR: 1914
8. AGE (IN YEARS LAST BIRTHDAY): 43 — 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): Attorney
9B. KIND OF BUSINESS OR INDUSTRY: Lawyer
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes — IF YES, WAR OR DATES OF SERVICE: WW II
13. SOCIAL SECURITY NO.: Unavailable
14A. FATHER'S NAME: Garland H. Pace
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Louella Udall
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE — ADDRESS: Irma A. Pace, 2802 Fern Dr, Yuma, Arizona
17. DATE OF DEATH — (MONTH) June (DAY) 20 (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) Asphyxia
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Strangulation (Suicide)
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

19A. DATE OF OPERATION: 6/21/57
19B. MAJOR FINDINGS OF OPERATION: Pulmonary Congestion
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6/1, 1954 TO 6/19, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 6/19, 1957 AND THAT DEATH OCCURRED AT 2:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: D. Calvin Williamson (DEGREE OR TITLE) MD
22B. ADDRESS: Yuma Ariz
22C. DATE SIGNED: 6/20/57

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Suicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): At home
23C. (CITY OR TOWN) (COUNTY) (STATE): Yuma Yuma Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): June 20, 1957 2A M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Hung self from bathroom door by bathrobe cord

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: Forest E. Byrd Coroner
24B. ADDRESS: 501 First Ave Yuma, Ariz.
24C. DATE SIGNED: 6-21-57

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: June 24, 1957
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma Yuma Arizona
26A. DATE REC. BY LOCAL REG.: 6-24-1957
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Johnson Pres
27B. ADDRESS: P.O. Box 310, Yuma, Ariz
28. EMBALMER'S SIGNATURE: O. Johnson
28B. EMBALMER'S CERT. NO.: 19A

FORM VS-2 REV. 3-15-55