ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6569

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: GRAHAM
B. LENGTH OF STAY: IN THIS TOWN 7 YRS. IN ARIZONA 63 YRS.
C. CITY OR TOWN: PIMA — ☑ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1/2 MILE So. PIMA

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: GRAHAM
C. CITY OR TOWN: PIMA — ☑ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 582 So. MAIN St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☑

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ETHEL B. (MIDDLE) AZELIA C. (LAST) CARTER
4. SEX: F
5. COLOR OR RACE: CAUCASIAN
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: ALOF P. CARTER
7. DATE OF BIRTH: MONTH 9 DAY 26 YEAR 1894
8. AGE (IN YEARS LAST BIRTHDAY): 63 — 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): ARIZONA
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.: NONE
14A. FATHER'S NAME: THOMAS J. BATTY
14B. BIRTHPLACE (STATE OR COUNTRY): UTAH
15A. MOTHER'S MAIDEN NAME: AZELIA VIOLA BARNEY
15B. BIRTHPLACE (STATE OR COUNTRY): UTAH
16. INFORMANT'S SIGNATURE: A. Lynn Carter — ADDRESS: Pima, Ariz.
17. DATE OF DEATH (MONTH) OCTOBER (DAY) 26 (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) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: DOA

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.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10/1 1957 TO 10/26 1957, THAT I LAST SAW THE DECEASED ALIVE ON 10/26 1957 AND THAT DEATH OCCURRED AT 9:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] M.D. (DEGREE OR TITLE)
22B. ADDRESS: [illegible]
22C. DATE SIGNED: 10/29/57

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 ☑ CREMATION ☐ REMOVAL ☐
25B. DATE: Oct. 29, 1957
25C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima, Arizona
26A. DATE REC. BY LOCAL REG.: 10/29/57
26B. REGISTRAR'S SIGNATURE: [illegible] Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Philip E. Allen
27B. ADDRESS: Safford, Ariz.
28A. EMBALMER'S SIGNATURE: Philip E. Allen
28B. EMBALMER'S CERT. NO. 312

FORM VS-2 REV. 3-15-55 [illegible]

25 05 CE OF DEATH 3 AND 3 AL RESIDENCE X
DECEDENT PERSONAL DATA 1 2 1 63 0 057
CAUSE OF DEATH (ITEM 18) 4201 0 0
OPERATIONS, AUTOPSY 9
MEDICAL CERTIFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION 1
FUNERAL DIRECTOR AND REGISTRAR 28 Oct 29 57
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