ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7207.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 181

1. PLACE OF DEATH
A. COUNTY: YUMA
B. LENGTH OF STAY — IN THIS TOWN: 5 Yrs. IN ARIZONA: 5 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): 201 1st Avenue

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): Ted's Truck Center
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JOHN B. (MIDDLE) DUEL C. (LAST) COMBEST

4. SEX: M
5. COLOR OR RACE: CAUC.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): DIVORCED
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH — MONTH: Dec. DAY: 3 YEAR: 1902
8. AGE (IN YEARS LAST BIRTHDAY): 54 — 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): MECHANIC
9B. KIND OF BUSINESS OR INDUSTRY: AUTO
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): KENTUCKY
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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.: 380-10-9433
14A. FATHER'S NAME: TOMMY COMBEST
14B. BIRTHPLACE (STATE OR COUNTRY): KENTUCKY
15A. MOTHER'S MAIDEN NAME: SALLY THOMAS
15B. BIRTHPLACE (STATE OR COUNTRY): UNKNOWN
16. INFORMANT'S SIGNATURE: [signature] ADDRESS:
17. DATE OF DEATH — (MONTH) OCTOBER (DAY) 2 (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Arteriosclerosis
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
hypertension (left vent. hypert.)

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM never, 19___, TO ___, 19___, THAT I LAST SAW THE DECEASED ALIVE ON ___, 19___, AND THAT DEATH OCCURRED AT 1:10 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Joseph Waterman (DEGREE OR TITLE) MD
22B. ADDRESS: 2846 Fern Dr.
22C. DATE SIGNED: 10-2-57

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
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: Jorel C. Byrd CORONER
24B. ADDRESS: 501 First St. YUMA ARIZ.
24C. DATE SIGNED: 10-3-57

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: Oct 4, 1957
25C. NAME OF CEMETERY OR CREMATORY: Bernard Funeral Home
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Russell Springs, Kentucky
26A. DATE REC. BY LOCAL REG.: 10-3-1957
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: Johnson Mortuary Preston Yuma Ariz
27B. ADDRESS: Box 370
28. EMBALMER'S SIGNATURE: O Johnson
28B. EMBALMER'S CERT. NO.: 19A

FORM VS-2 REV. 3-16-55 1

5 — 55 — CAUSE OF DEATH
1 AND 86 — AL RESIDENCE
X-
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1
DECEDENT 4
PERSONAL 54 DATA
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4201 CAUSE
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ERATIONS, 1 AUTOPSY
MEDICAL 4 TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S 5 TIFICATION
UNERAL 93 IRECTOR AND
GISTRAR'S 2
105