ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7267

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Apache
B. LENGTH OF STAY — IN THIS TOWN: 65 Yrs; IN ARIZONA: 65 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 [ ]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) James B. (MIDDLE) Christian C. (LAST) Sorenson

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Elva Sorenson
7. DATE OF BIRTH — MONTH: 10 DAY: 22 YEAR: 78
8. AGE (IN YEARS LAST BIRTHDAY): 79 — 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): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Cattle
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: Jens C. Sorenson
14B. BIRTHPLACE (STATE OR COUNTRY): Denmark
15A. MOTHER'S MAIDEN NAME: Anna C. Nielsen
15B. BIRTHPLACE (STATE OR COUNTRY): Denmark
16. INFORMANT'S SIGNATURE: Elva Sorenson. ADDRESS: St. Johns, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): November 10, 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) Metastatic Carcinoma Liver and all down glands — INTERVAL BETWEEN ONSET AND DEATH: 2 Months
ANTECEDENT CAUSES (MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.) DUE TO (B) Primary Carcinoma of Pancreas 6 Months
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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July, 1957, TO Nov 10, 1957, THAT I LAST SAW THE DECEASED ALIVE ON Nov 10, 1957, AND THAT DEATH OCCURRED AT 1:15 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Lawrence Dorsett DO
22B. ADDRESS: St Johns Ariz
22C. DATE SIGNED: 10/12/57

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: 11-12-57
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.: 11-12-57
26B. REGISTRAR'S SIGNATURE: Florence Beatties
27A. FUNERAL DIRECTOR'S SIGNATURE: Dan B. Wells
27B. ADDRESS: Springerville, Ariz
28. EMBALMER'S SIGNATURE: Dan B. Wells
28B. EMBALMER'S CERT. NO.: 2661

FORM VS-2 REV. 3-15-55

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157X CAUSE OF DEATH 0 TEM 18) 0
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165