ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8180

CERTIFICATE OF DEATH

REGISTRAR'S NO. 169

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN / IN ARIZONA: 5 days 35 yrs.
C. CITY OR TOWN: Douglas — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Cochise Co. Hosp.

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

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) John B. (MIDDLE) L. C. (LAST) Schad
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Grace Ann Schad
7. DATE OF BIRTH — MONTH: 11 DAY: 16 YEAR: 82
8. AGE (IN YEARS LAST BIRTHDAY): 75 — 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): Mining Eng.
9B. KIND OF BUSINESS OR INDUSTRY: Retired
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
11. CITIZEN OF WHAT COUNTRY? U. S.
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: Agust Schad
14B. BIRTHPLACE (STATE OR COUNTRY): Germany
15A. MOTHER'S MAIDEN NAME: Annie Harmon
15B. BIRTHPLACE (STATE OR COUNTRY): Ill.
16. INFORMANT'S SIGNATURE: Cochise Co. Hosp. Records — ADDRESS
17. DATE OF DEATH (MONTH) Dec. (DAY) 3 (YEAR) 57

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days
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 Nov 28, 1957 TO Dec 3, 1957 THAT I LAST SAW THE DECEASED ALIVE ON Dec 3, 1957 AND THAT DEATH OCCURRED AT 10:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): R. E. Montgomery MD — 22B. ADDRESS: Douglas — 22C. DATE SIGNED: 12/5/57

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 ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 12-6-57
25C. NAME OF CEMETERY OR CREMATORY: Paradise
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Paradise, Arizona
26A. DATE REC'D BY LOCAL REG.: Dec 5/57 — 26B. REGISTRAR'S SIGNATURE: Eve Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Curtis Page — 27B. ADDRESS: Douglas, Ariz.
28. EMBALMER'S SIGNATURE: Curtis Page — 28B. EMBALMER'S REGIST. NO.: 8811

FORM VS-2 REV. 3-15-55

02 — OF DEATH AND RESIDENCE 02 06 — 98 — DECEDENT PERSONAL DATA 175 — 6 — 157 — 4/20 — CAUSE OF DEATH (ITEM 18) — 6 — 6 — 6 — 6 — OPERATIONS, AUTOPSY — 6 — MEDICAL CERTIFICATION — DEATH DUE TO EXTERNAL VIOLENCE — CORONER'S CERTIFICATION — 10 — FUNERAL DIRECTOR AND REGISTRAR — 135