ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8242

CERTIFICATE OF DEATH

BIRTH NO. REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY: IN THIS TOWN I6yrs. IN ARIZONA I9yrs
C. CITY OR TOWN: Morenci — [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): PD Hosp. Morenci

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz.
B. COUNTY: [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
C. CITY OR TOWN: Morenci
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Oris B. (MIDDLE) Edward C. (LAST) Warren
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Pearl Warren
7. DATE OF BIRTH: MONTH Mch. DAY 7th YEAR 1903
8. AGE (IN YEARS LAST BIRTHDAY): 54 yrs. IF UNDER 1 YEAR: MONTHS DAYS x IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Driller

9B. KIND OF BUSINESS OR INDUSTRY: Copper Mining
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY?: US
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No. (IF YES, WAR OR DATES OF SERVICE): No
13. SOCIAL SECURITY NO.: 457-07-1534

14A. FATHER'S NAME: Wm M. Warren
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Orenda Martsk
15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: Dufford W. Warren ADDRESS: 8904 S. Campbell Tucson
17. DATE OF DEATH (MONTH) Dec. (DAY) I6 (YEAR) I957

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
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) arterion sclerosis
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
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 15 Dec, 1957, TO Same, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 15 Dec, 1957 AND THAT DEATH OCCURRED AT 3 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Chas B. Daniell, M.D.
22B. ADDRESS
22C. DATE SIGNED

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: I2/I8/I957
25C. NAME OF CEMETERY OR CREMATORY: Safford
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Arizona.

26A. DATE REC. BY LOCAL REG.: 12-17-57
26B. REGISTRAR'S SIGNATURE: C. Tannenhaus
27A. FUNERAL DIRECTOR'S SIGNATURE: J. McMillen
27B. ADDRESS: Clifton Ariz

FORM VS-2 REV. 6-1-58 AMPCO 77595 Acting Reg.

06 OF DEATH AND 72 RESIDENCE 0302 1 CEDENT 1 RSONAL 154 DATA 4 V57 420 CAUSE OF 0 DEATH TEM 18) 0 RATIONS, UTOPSY 3 EDICAL IFICATION 1 DEATH DUE TO EXTERNAL VIOLENCE RONER'S FICATION 1 UNERAL 28 RECTOR AND 2 GISTRAR 119