ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0917

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1304

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY: IN THIS TOWN 38 yrs; IN ARIZONA 78 yrs
C. CITY OR TOWN: Prescott — [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): Yavapai County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Prescott — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS: 231 N. Alarcon
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ] (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Elizabeth B. (MIDDLE) M C. (LAST) Riggs
4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: decd.
7. DATE OF BIRTH: MONTH 3 DAY 24 YEAR 1857
8. AGE (IN YEARS LAST BIRTHDAY): 100 — 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: own home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Massachusetts
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: George Babcock
14B. BIRTHPLACE (STATE OR COUNTRY): New York
15A. MOTHER'S MAIDEN NAME: Eva Stickles
15B. BIRTHPLACE (STATE OR COUNTRY): New York
16. INFORMANT'S SIGNATURE: Mrs. Frank Shields
ADDRESS: Yarnell, Arizona
17. DATE OF DEATH: (MONTH) January (DAY) 14 (YEAR) 1958

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.)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: about 2 weeks

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B): Arteriosclerotic heart disease — years
DUE TO (C):

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Decubitus ulcers, multiple — about 3 mos.

PLACE DISEASE CONTRACTED.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 11, 19 58 TO Jan. 14, 19 58 THAT I LAST SAW THE DECEASED ALIVE ON Jan. 14, 58, AND THAT DEATH OCCURRED AT 4:55 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Ray R. Moore (DEGREE OR TITLE) M. D.
22B. ADDRESS: Prescott, Arizona
22C. DATE SIGNED: 1-17-58.

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: 1-17-58
25C. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Walnut Grove, Arizona

26A. DATE REC. BY LOCAL REG.: 1-28-58
26B. REGISTRAR'S SIGNATURE: Jane J. Crust Dep
27A. FUNERAL DIRECTOR'S SIGNATURE: L. W. Ruffner
27B. ADDRESS: Prescott, Arizona
28. EMBALMER'S SIGNATURE: L. W. Ruffner
28B. EMBALMER'S CERT. NO.: 247-A

FORM VS-2 REV. 3-15-55

7 14 OF DEATH AND 32 RESIDENCE 036 — 1 2 3 CEDENT 3 RSONAL 100 DATA 4 158 — 4/300 AUSE OF EATH EM 18) 0 0 — ATIONS, TOPSY 4 — DICAL 4 FICATION 1 — DEATH DUE TO EXTERNAL VIOLENCE — ONER'S ICATION 1 — ERAL 4 ECTOR 1 ND STRAR 2 — 178