ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1791

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 51

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY IN THIS TOWN: 1 day IN ARIZONA: 6 yrs
C. CITY OR TOWN: Douglas — [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): Douglas Hospital

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 [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Margaret B. (MIDDLE): Christine C. (LAST): Stoehner
4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 6 DAY 12 YEAR 47
8. AGE (IN YEARS LAST BIRTHDAY): 10 — 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): Student
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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: George Stoehner
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Lucille Wright
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE / ADDRESS: George Stoehner; Portal, Arizona
17. DATE OF DEATH (MONTH) 3 (DAY) 13 (YEAR) 58

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) Retro-peritoneal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 Days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Extensive.
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: 3/13/58
19B. MAJOR FINDINGS OF OPERATION: Retro-Peritoneal Hemorrhage Extensive.
20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3/5/ 19 58 TO 3/13/ 19 58 THAT I LAST SAW THE DECEASED ALIVE ON 3/13/ 19 58 AND THAT DEATH OCCURRED AT 5 PM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: X Jay B. Clarence (DEGREE OR TITLE) M.D
22B. ADDRESS: 447-10th St. Douglas, Ariz.
22C. DATE SIGNED: 3/15/58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE X (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): None
23C. (CITY OR TOWN) (COUNTY) (STATE): None
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) None M
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]: None
23F. HOW DID INJURY OCCUR? None

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 3-16-58
25C. NAME OF CEMETERY OR CREMATORY: Paradise
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Portal, Arizona
26A. DATE REC. BY LOCAL REG.: Mar 19 58
26B. REGISTRAR'S SIGNATURE: Eus Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Curtis Jay
27B. ADDRESS: Douglas, Ariz

FORM VS-2 REV. 6-1-53 AMPCO 70385