ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 22 8291

1. PLACE OF DEATH
A. COUNTY: Navajo
B. LENGTH OF STAY: IN THIS TOWN 9 days; IN ARIZONA 30 yrs.
C. CITY OR TOWN: Holbrook — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Holbrook Municipal Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Navajo
C. CITY OR TOWN: Taylor — ☒ 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) William B. (MIDDLE) Robert C. (LAST) Deering
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Unknown
7. DATE OF BIRTH: MONTH Oct. DAY 14 YEAR 1887
8. AGE (IN YEARS LAST BIRTHDAY): 70 yrs.
IF UNDER 1 YEAR: MONTHS 5mo DAYS 13da
IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Trucking
9B. KIND OF BUSINESS OR INDUSTRY: Trucking
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): No
13. SOCIAL SECURITY NO. 527-09-4712
14A. FATHER'S NAME: Robert D. Deering
14B. BIRTHPLACE (STATE OR COUNTRY): Ga.
15A. MOTHER'S MAIDEN NAME: Lou Evans
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Navajo County Welfare Records, Holbrook, Ariz. ADDRESS
17. DATE (MONTH) March (DAY) 27 (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.
PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 day
DUE TO (B) carcinomatosis — sev weeks
DUE TO (C) Squamous cell ca of lung " "

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. cirrosis of liver

19A. DATE OF OPERATION: 28 mar 58
19B. MAJOR FINDINGS OF OPERATION: as above
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec 1, 1957 TO Mar 27, 1958. THAT I LAST SAW THE DECEASED ALIVE ON Mar 27, 1958, AND THAT DEATH OCCURRED AT 8:40 Am M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Donald Y. DeMarie (DEGREE OR TITLE) MD
22B. ADDRESS: Holbrook Ariz
22C. DATE SIGNED: 7 April 58

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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: March 31, 1958
25C. NAME OF CEMETERY OR CREMATORY: Taylor Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Taylor Navajo, Arizona
26A. DATE REC'D BY LOCAL REG.: 3/31/58
26B. REGISTRAR'S SIGNATURE: Velma M. Cross
27A. FUNERAL DIRECTOR'S SIGNATURE: Alvin L. Allen
27B. ADDRESS: Holbrook, Arizona
28. EMBALMER'S SIGNATURE: Felix L. Allen
28B. EMBALMER'S CERT. NO. 290 A

FORM VS-2 REV. 3-15-55

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AND 98 — L RESIDENCE
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DATA 7
358
163X
CAUSE OF DEATH (ITEM 18) 6 6
RATIONS, UTOPSY 1
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1
UNERAL RECTOR AND GISTRAR 2
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