ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2535

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1364

1. PLACE OF DEATH
A. COUNTY Yavapai
B. LENGTH OF STAY (Duration) IN ARIZONA 56yrs
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) Arizona Pioneer's Home

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 (IF RURAL, GIVE LOCATION) Pioneer Home
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Elizabeth B. (MIDDLE) M. C. (LAST) Harbeson
4. SEX Fe. 5. COLOR OR RACE White 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
6B. NAME OF SPOUSE decd
7. DATE OF BIRTH MONTH 7 DAY 9 YEAR 1866
8. AGE (IN YEARS LAST BIRTHDAY) 91yrs — 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 home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio
11. CITIZEN OF WHAT COUNTRY? USA
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 J. A. Ames
14B. BIRTHPLACE (STATE OR COUNTRY) Penn.
15A. MOTHER'S MAIDEN NAME Elizabeth Martin
15B. BIRTHPLACE (STATE OR COUNTRY) Ohio
16. INFORMANT'S SIGNATURE Records, Pioneer's Home ADDRESS Prescott, Ari
17. DATE OF DEATH (MONTH) 3 (DAY) 16 (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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic heart disease
DUE TO (C) Arteriosclerosis, general, senile.
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic cholecystitis. General debility.

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. 1, 1947 TO March 16, 1958, THAT I LAST SAW THE DECEASED ALIVE ON March 12, 1958, AND THAT DEATH OCCURRED AT 5:55 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE G. A. Bera (DEGREE OR TITLE) M.D.
22B. ADDRESS Prescott, Arizona
22C. DATE SIGNED March 18, 1958

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE 3/19/58
25C. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Prescott, Arizona
26A. DATE REC. BY LOCAL REG. MAR 25 1958
26B. REGISTRAR'S SIGNATURE
27A. FUNERAL DIRECTOR'S SIGNATURE L. W. Huffman
27B. ADDRESS Prescott, Arizona
28. EMBALMER'S SIGNATURE Gary M. Collins
28B. EMBALMER'S CERT. NO. 384-A

FORM VS-2 REV. 3-18-55

11 14 CE OF DEATH 5 AND 32 AL RESIDENCE 9101 DECEDENT PERSONAL DATA 191 4 358 4200 CAUSE OF DEATH (ITEM 18) 0 0 PERATIONS, AUTOPSY 2 MEDICAL CERTIFICATION 1 1 41 156