ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2568

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 93

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 40 Yrs; IN ARIZONA 40 Yrs
C. CITY OR TOWN: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 261 2nd Avenue

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 261 2nd Avenue
E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Chirchel B. (MIDDLE) C C. (LAST) Pennington

4. SEX: M
5. COLOR OR RACE: Cauc.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Florence Pennington
7. DATE OF BIRTH: MONTH July DAY 30 YEAR 1889
8. AGE (IN YEARS LAST BIRTHDAY): 68
IF UNDER 1 YEAR: MONTHS / DATE — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Conductor, Retired
9B. KIND OF BUSINESS OR INDUSTRY: SP Railroad
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Mexico
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.: 700-12-3176
14A. FATHER'S NAME: Charles C. Pennington
14B. BIRTHPLACE (STATE OR COUNTRY): Illinois
15A. MOTHER'S MAIDEN NAME: Rosalie Moreland
15B. BIRTHPLACE (STATE OR COUNTRY): Kansas
16. INFORMANT'S SIGNATURE: Florence Pennington, Yuma, Arizona — ADDRESS
17. DATE OF DEATH: MONTH March DAY 26 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 — MEDICAL CERTIFICATION
(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 minute
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease - 5 yrs
DUE TO (C) Cerebral Lues
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 5, 1958 TO March 26, 1958, THAT I LAST SAW THE DECEASED ALIVE ON Feb 20, 1958, AND THAT DEATH OCCURRED AT 4 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Matthew Long (DEGREE OR TITLE) M D
22B. ADDRESS: Yuma, Arizona
22C. DATE SIGNED: 3-27-58

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: 3-27-58
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma Yuma Arizona
26A. DATE REC. BY LOCAL REG.: 3-27-58
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: O. L. Johnson Pres.
27B. ADDRESS: Drawer 310, Yuma, Ariz.
28. EMBALMER'S SIGNATURE: Alvin C. Dorsh
28B. EMBALMER'S CERT. NO.: 3694

FORM VS-2 REV. 3-15-55 1

5 15 CE OF DEATH
7 AND 51 L RESIDENCE
X-
1
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1
DECEDENT 468
PERSONAL
DATA
4
358
4200 CAUSE
OF
DEATH
(ITEM 18) 0
0
ERATIONS, AUTOPSY 2
MEDICAL 1 TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S TIFICATION
FUNERAL 93 DIRECTOR AND EGISTRAR 2
140