ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2655

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 35

1. PLACE OF DEATH
A. COUNTY: Coconino
B. LENGTH OF STAY IN THIS TOWN / IN ARIZONA: enroute
C. CITY OR TOWN: Flagstaff — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Canyon Padre Bridge on Hwy 66

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Lyndon B. (MIDDLE) Royal C. (LAST) BATES
4. SEX: Male
5. COLOR OR RACE: Cauc.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Veda Marie Larsen BATES
7. DATE OF BIRTH: MONTH Feb DAY 12 YEAR 1905
8. AGE (IN YEARS LAST BIRTHDAY): 53 — 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): laborer
9B. KIND OF BUSINESS OR INDUSTRY: Construction
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
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): no
13. SOCIAL SECURITY NO.: not avail.
14A. FATHER'S NAME: Bertrum Edward Bates
14B. BIRTHPLACE (STATE OR COUNTRY): unknown
15A. MOTHER'S MAIDEN NAME: Caroline A. Crocteron
15B. BIRTHPLACE (STATE OR COUNTRY): unknown
16. INFORMANT'S SIGNATURE: Veda M. Bates (by phone) — ADDRESS: Washington, Utah
17. DATE OF DEATH: (MONTH) April (DAY) 25 (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) Fractured Cervical spine
Fractured Sternum & Chest — INTERVAL BETWEEN ONSET AND DEATH: Instant

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

PLACE DISEASE CONTRACTED:

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 ____, 19__ TO ____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT 4:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Chas Gulbin (DEGREE OR TITLE) M.D.
22B. ADDRESS: Flagstaff Ariz
22C. DATE SIGNED: 4-26-58

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): U.S. Hwy 66, Canyon Padre, E. of Flagstaff, Coconino, Ariz.
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Apr. 25, 1958 8:00 P.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Two car collision on bridge

24A. CORONER'S SIGNATURE: James F. Drierling Ex-officio
24B. ADDRESS: Flagstaff, Arizona
24C. DATE SIGNED: Apr. 28, 1958

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: Apr. 28, 1958
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Salt Lake City, Utah
26A. DATE REC. BY LOCAL REG.: 4/30/58
26B. REGISTRAR'S SIGNATURE: Frank M. Ball by Mary Sandoz
27A. FUNERAL DIRECTOR'S SIGNATURE: G. R. Compton
27B. ADDRESS: Flagstaff, Ariz.
28. EMBALMER'S SIGNATURE: G. R. Compton
28B. EMBALMER'S CERT. NO.: 258-A

FORM VS-2 REV. 3-15-55

53 76 CE OF DEATH
LAND X-
AL RESIDENCE X-
DECEDENT PERSONAL DATA 1 1 1 53 7 458
CAUSE OF DEATH (ITEM 18) 894 0 0
OPERATIONS, AUTOPSY 2
MEDICAL CERTIFICATION 62 63 2
DEATH DUE TO EXTERNAL VIOLENCE 1 2
CORONER'S CERTIFICATION 5
FUNERAL DIRECTOR AND REGISTRAR 50 2 8UV