ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3369

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Apache
B. LENGTH OF STAY: IN THIS TOWN 29 Yrs; IN ARIZONA 50 Yrs
C. CITY OR TOWN: St. Johns — X IN CITY LIMITS — O OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Johns Community Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Apache
C. CITY OR TOWN: St. Johns — X IN CITY LIMITS — O OUTSIDE CITY LIMITS
D. STREET ADDRESS: No name or number
E. IS RESIDENCE ON A FARM? (IF RURAL, GIVE LOCATION) YES O NO O

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Ivy
B. (MIDDLE): None
C. (LAST): Davis

4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH Aug DAY 29 YEAR 01
8. AGE (IN YEARS LAST BIRTHDAY): 56
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:
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. 526-32-7798
14A. FATHER'S NAME: William Waite
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Altheda Lambson
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: James Connolly — ADDRESS: Snowflake, Arizona.
17. DATE OF DEATH: (MONTH) May (DAY) 20 (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) Gangrenous Bowel — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Bowel Obstruction — 3 days
DUE TO (C) Cancer — ?

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 O NO O

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 17, 1958 TO May 20, 1958 THAT I LAST SAW THE DECEASED ALIVE ON May 20, 1958 AND THAT DEATH OCCURRED AT 5:20 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] — DEGREE OR TITLE: M.D.
22B. ADDRESS: St. Johns Ariz
22C. DATE SIGNED: 5/22

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT (SPECIFY) / SUICIDE / HOMICIDE / NATURAL CAUSE
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 O NOT WHILE AT WORK O
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 O REMOVAL O
25B. DATE: 5-22-58
25C. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): St. Johns, Arizona
26A. DATE REC. BY LOCAL REG.: 5-22-58
26B. REGISTRAR'S SIGNATURE: Flora Buttis
27A. FUNERAL DIRECTOR'S SIGNATURE: Dan B. Metts
27B. ADDRESS: Springerville, Ariz.
28. EMBALMER'S SIGNATURE: Dan B. Metts
28B. EMBALMER'S CERT. NO. 366A.

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