ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 3460

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY IN THIS TOWN: 10 Hrs IN ARIZONA: 35 Yrs
C. CITY OR TOWN: Morenci — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Morenci Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz.
B. COUNTY: Greenlee
C. CITY OR TOWN: Duncan — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) James B. (MIDDLE) Oliver C. (LAST) Yeatts
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Essie Pearl Yeatts
7. DATE OF BIRTH: MONTH Jan DAY 25 YEAR 1879
8. AGE (IN YEARS LAST BIRTHDAY): 79 — 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): Farming.
9B. KIND OF BUSINESS OR INDUSTRY: Farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Virgina.
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):
13. SOCIAL SECURITY NO.: 526-12-4752
14A. FATHER'S NAME: Marshall Yeatts
14B. BIRTHPLACE (STATE OR COUNTRY): Va.
15A. MOTHER'S MAIDEN NAME: Catherine Evans.
15B. BIRTHPLACE (STATE OR COUNTRY): Va.
16. INFORMANT'S SIGNATURE: Mrs Pearl Yeatts — ADDRESS: Box 173
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.

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs
DUE TO (B) Hypertensive Cardiovascular Disease — 15 years
DUE TO (C)

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 5/11, 1958 TO 5/81, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 5/20, 1958, AND THAT DEATH OCCURRED AT 6:15 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John C. Colley Jr MD — DEGREE OR TITLE:
22B. ADDRESS: Morenci Arizona
22C. DATE SIGNED: 5/21/58

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?

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

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 5/22/58
25C. NAME OF CEMETERY OR CREMATORY: Duncan
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Duncan Ariz
26A. DATE REC. BY LOCAL REG.: MAY 2 2 1958
26B. REGISTRAR'S SIGNATURE: Edna Trickel Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: J. J. McMahon
27B. ADDRESS:

FORM VS-2 REV. 6-1-53 AMPCO 77595

DATE OF DEATH 2 AND 12
RESIDENCE 0302
DECEDENT PERSONAL DATA 1 1 79 4 558
CAUSE OF DEATH (ITEM 18) 443X 0 0
OPERATIONS, AUTOPSY 2
MEDICAL CERTIFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION 1
FUNERAL DIRECTOR AND REGISTRAR 28 2 135