ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4443

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 208

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 0 Yrs; IN ARIZONA 14 Yrs
C. CITY OR TOWN: Wickenburg — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Community Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Wickenburg — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Court Of Ivy Trailer Court — IS RESIDENCE ON A FARM? YES ☐ NO ☒

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

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Loren Davenport
7. DATE OF BIRTH: MONTH March; DAY 26; YEAR 1910
8. AGE (IN YEARS LAST BIRTHDAY): 48
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): Waitress
9B. KIND OF BUSINESS OR INDUSTRY: Cafe
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Wo.
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.: 440-24-2094
14A. FATHER'S NAME: Harry Mathis
14B. BIRTHPLACE (STATE OR COUNTRY): Wo.
15A. MOTHER'S MAIDEN NAME: Minnie Stricklin
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: May Dean Bossole. **ADDRESS:** Globe Arizona
17. DATE OF DEATH: (MONTH) June (DAY) 10 (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) Left ventricular infarction — INTERVAL BETWEEN ONSET AND DEATH: 2-3 minutes
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Postoperative stress — 9 days
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatic heart

19A. DATE OF OPERATION: 6-11-58
19B. MAJOR FINDINGS OF OPERATION: mitral valve distorted - coronary occl.
20. AUTOPSY? YES ☒ NO ☐
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1953 TO June 11, 1958, THAT I LAST SAW THE DECEASED ALIVE ON June 10, 1958, AND THAT DEATH OCCURRED AT 12:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) MD
22B. ADDRESS: Wickenburg Arizona
22C. DATE SIGNED: 6-12-58

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 6-14-58
25C. NAME OF CEMETERY OR CREMATORY: Wickenburg
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg Arizona
26A. DATE REC. BY LOCAL REG.: 6-14-58
26B. REGISTRAR'S SIGNATURE: G. H. Wachter
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Offinger
27B. ADDRESS: Wickenburg Ariz.

FORM VS-2 REV. 6-1-59 AMPCO 77595

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