ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6956

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 201

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY IN THIS TOWN: Transient; IN ARIZONA:
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): S. end S.P. Railroad Bridge

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: Box 202
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Ben
B. (MIDDLE): J
C. (LAST): Exter

4. SEX: M
5. COLOR OR RACE: Cauc.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH Unknown; DAY; YEAR
8. AGE (IN YEARS LAST BIRTHDAY): 80 — 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): Poultry raiser
9B. KIND OF BUSINESS OR INDUSTRY: Chicken Ranch
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Michigan
11. CITIZEN OF WHAT COUNTRY?: Unknown
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.: None
14A. FATHER'S NAME: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: A. S. Lancaster
ADDRESS: Wickenburg, Arizona
17. DATE OF DEATH: (MONTH) September (DAY) 11 (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) Massive intra thoracic hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Ruptured lungs, bilateral
DUE TO (C) Crushed chest
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple scalp contusions

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Never, 19__ TO Never, 19__, THAT I LAST SAW THE DECEASED ALIVE ON Never, 19__, AND THAT DEATH OCCURRED AT Approx. 5:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Leigh Wattenmaker (DEGREE OR TITLE) M. D.
22B. ADDRESS: Yuma, Arizona
22C. DATE SIGNED: Sept. 24, 1958

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): S end of S.P. R.R. bridge
23C. (CITY OR TOWN) Yuma (COUNTY) Yuma (STATE) Arizona
23D. TIME OF INJURY (MONTH) Sept (DAY) 11 (YEAR) 1958 (HOUR) Approx 5:00 A.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Fell or was thrown from R.R. bridge

24A. CORONER'S SIGNATURE: Paul E. Byrd — CORONER
24B. ADDRESS: 501 First St Yuma-Ariz
24C. DATE SIGNED: Sept 24, 1958

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☐: Removal
25B. DATE: 9-25 1958
25C. NAME OF CEMETERY OR CREMATORY: Wickenburg Cemetary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg Arizona
26A. DATE REC. BY LOCAL REG.: 9-26-58
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Johnson
27B. ADDRESS: Drawer 310, Yuma, Ariz.
28. EMBALMER'S SIGNATURE: O. Johnson
28B. EMBALMER'S REGT. NO.: 194

FORM VS-2 REV. 3-15-55

E OF DEATH / AND / L RESIDENCE — 27 / 15 / X
ECEDENT / ERSONAL DATA — 1 / 1 / 2 / 80 / 7 / 958
AUSE OF DEATH (ITEM 18) — 2028 / 0 / 0
RATIONS, UTOPSY — 1
EDICAL IFICATION — 51 / 15 / 2
DEATH DUE TO EXTERNAL VIOLENCE — 4
RONER'S IFICATION — 5
NERAL RECTOR AND GISTRAR — 93 / 2 / 8 / 11