ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7656

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 220

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 4 Mos. IN ARIZONA 4 Mos.
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): 1501 5th Avenue

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 1501 5th Avenue
E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Cornelis
B. (MIDDLE): *
C. (LAST): Van den Bout

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Gerdina A. Van den Bout
7. DATE OF BIRTH: MONTH 5 DAY 4 YEAR 1873
8. AGE (IN YEARS LAST BIRTHDAY): 85
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): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Holland
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.: None
14A. FATHER'S NAME: Rokus Van den Bout
14B. BIRTHPLACE (STATE OR COUNTRY): Holland
15A. MOTHER'S MAIDEN NAME: Cornelia De Jong
15B. BIRTHPLACE (STATE OR COUNTRY): Holland
16. INFORMANT'S SIGNATURE: Mrs. Gendina A. Van den Bout, ADDRESS: 1501 5th Ave, Yuma
17. DATE OF DEATH: (MONTH) October (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) Congestive Heart failure
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hardening of arteries silent
DUE TO (C) with Arteriosclerotic heart disease
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Cerebrovascular accident, diabetes, arteriosclerosis, Benign Prostatic Hypertrophy

INTERVAL BETWEEN ONSET AND DEATH: 4 days

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6/18, 19 58, TO 10/11, 19 58, THAT I LAST SAW THE DECEASED ALIVE ON 10/11 19 58 AND THAT DEATH OCCURRED AT 10:00 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): M.D.
22B. ADDRESS: 201 1st Avenue, Yuma, Ariz.
22C. DATE SIGNED: 10/11/58

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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☐ CREMATION ☐ REMOVAL ☐
25B. DATE: 10/13/58
25C. NAME OF CEMETERY OR CREMATORY: Inglewood Park Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Inglewood, California
26A. DATE REC. BY LOCAL REG.: 10-13-1958
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: Yuma Mortuary
27B. ADDRESS: 511 16th Street
28. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO.: 255 A

FORM VS-2 REV. 3-15-55