ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7784

CERTIFICATE OF DEATH

REGISTRAR'S NO. 13

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY — IN THIS TOWN: Life; IN ARIZONA: Life
C. CITY OR TOWN: Winkleman — 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): Residence: P.O. Box 37

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Gila
C. CITY OR TOWN: Winkleman — X IN CITY LIMITS; O OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): P.O. Box 37
E. IS RESIDENCE ON A FARM? YES O NO O

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Edward B. (MIDDLE) Lawrence C. (LAST) Davies
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE: ----
7. DATE OF BIRTH — MONTH: 3 DAY: 13 YEAR: 13
8. AGE (IN YEARS LAST BIRTHDAY): 45 — 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): Retired -
9B. KIND OF BUSINESS OR INDUSTRY: ----
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): ---
(IF YES, WAR OR DATES OF SERVICE): ---
13. SOCIAL SECURITY NO.: 527-03-0202
14A. FATHER'S NAME: Edward M. Davies
14B. BIRTHPLACE (STATE OR COUNTRY): New Mexico
15A. MOTHER'S MAIDEN NAME: Carlos Cornelias
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Mrs. Carlos Davies — ADDRESS: Winkleman, Arizona
17. DATE OF DEATH — (MONTH) November (DAY) 8, (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*: (A) Myocardial infarction — 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) Coronary occlusion — ?
DUE TO (C) Arteriosclerosis — ?
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 X NO O

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM SEEN AFTER DEATH, 19__, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT Near 3:30 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Geo Hartman M.D. (DEGREE OR TITLE)
22B. ADDRESS: Tucson Arizona
22C. DATE SIGNED: 11/8/58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural Causes
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): XXXXX
23C. (CITY OR TOWN) (COUNTY) (STATE): XXXXXXXXXXXXXXXX
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): XXXXXXXXXXXX M
23E. INJURY OCCURRED — WHILE AT WORK O; NOT WHILE AT WORK O
23F. HOW DID INJURY OCCUR? XXXXXXXXXXXXXXX

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: Ely Curtis
24B. ADDRESS: Bisbee Ariz
24C. DATE SIGNED: 11-11-58

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL X CREMATION O REMOVAL O
25B. DATE: 11-11-58
25C. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Winkleman, Arizona
26A. DATE REC. BY LOCAL REG.: 11-10-58
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Jaeme
27B. ADDRESS: Arizona Mortuary
28A. EMBALMER'S SIGNATURE: George F. Dyer
28B. EMBALMER'S CERT. NO.: 163

FORM VS-2 REV. 3-15-55 ISN AMPCO 16856

24 04 DATE OF DEATH
8 AND 48 ...AL RESIDENCE
X-
1 1 4 DECEDENT PERSONAL DATA
145
0
X58
4-301 CAUSE OF DEATH (ITEM 18)
6
0
1 MEDICAL CERTIFICATION
1
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
82 FUNERAL DIRECTOR AND REGISTRAR
2
0 -