ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8417

BIRTH NO. 29099

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1702.

1. PLACE OF DEATH
A. COUNTY: PIMA
B. LENGTH OF STAY (IN THIS TOWN): Life (IN ARIZONA): Life
C. CITY OR TOWN: TUCSON — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 416th, USAF Hosp. DMAFB, Arizona

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY:
C. CITY OR TOWN: TUCSON — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 5756 E. 28th. St.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Threasa B. (MIDDLE) Marie C. (LAST) Yovell
4. SEX: F
5. COLOR OR RACE: Cau
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): NA
6B. NAME OF SPOUSE: NA
7. DATE OF BIRTH: MONTH Nov DAY 25 YEAR 58
8. AGE (IN YEARS LAST BIRTHDAY): Newborn — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS 16 MIN. 38
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): NA
9B. KIND OF BUSINESS OR INDUSTRY: –
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY?: US
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): • (IF YES, WAR OR DATES OF SERVICE): •
13. SOCIAL SECURITY NO.: •
14A. FATHER'S NAME: Ivy Yovell
14B. BIRTHPLACE (STATE OR COUNTRY): Miss.
15A. MOTHER'S MAIDEN NAME: MILDRED NAULT
15B. BIRTHPLACE (STATE OR COUNTRY): MASS
16. INFORMANT'S SIGNATURE: Ivy E. Yovell — ADDRESS:
17. DATE OF DEATH: (MONTH) NOV (DAY) 25 (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) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs 38 min

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B):

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 25 Nov, 19 58 TO 26 Nov, 19 58. THAT I LAST SAW THE DECEASED ALIVE ON 25 Nov, 19 58, AND THAT DEATH OCCURRED AT 11:55 PM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Arville L. Langford M.D.
22B. ADDRESS: USAF HOSP, DMAFB, ARIZONA
22C. DATE SIGNED: 26 Nov 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: 11/28/58
25C. NAME OF CEMETERY OR CREMATORY: Holy Hope Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson Arizona

26A. DATE REC. BY LOCAL REG.: 11-28-58
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: Arthur L. Adair
27B. ADDRESS: Adair Funeral Home, Tucson, Arizona
28. EMBALMER'S SIGNATURE: Arthur L. Adair
28B. EMBALMER'S CERT. NO.: 2608

FORM VS-2 REV. 2-15-58

7 11 — DATE OF DEATH AND USUAL RESIDENCE 0021
2
DECEDENT PERSONAL DATA 2 1/16 0
X56
276 X CAUSE OF DEATH (ITEM 18) 0 0
OPERATIONS, AUTOPSY 2
MEDICAL CERTIFICATION 4
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR 55 2 6