ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8513

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 251

1. PLACE OF DEATH — A. COUNTY: Yuma — B. LENGTH OF STAY: IN THIS TOWN: 10 yr. IN ARIZONA: 10 yrs. — 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): 272 Madison Ave.

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 (IF RURAL, GIVE LOCATION): 272 Madison Ave. — E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): Leopold — B. (MIDDLE): Edgar — C. (LAST): Carney

4. SEX: M — **5. COLOR OR RACE:** Wh. — **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Never Married

6B. NAME OF SPOUSE: None — **7. DATE OF BIRTH** MONTH: April DAY: 1, YEAR: 1905 — **8. AGE** (IN YEARS LAST BIRTHDAY): 53 — 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): Jeweler

9B. KIND OF BUSINESS OR INDUSTRY: Jeweler — **10. BIRTHPLACE** (STATE OR FOREIGN COUNTRY): Missouri — **11. CITIZEN OF WHAT COUNTRY?** U.S.A. — **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.:** 518-07-7374

14A. FATHER'S NAME: George Clinton Carney — **14B. BIRTHPLACE** (STATE OR COUNTRY): Mo. — **15A. MOTHER'S MAIDEN NAME:** Martha Warren — **15B. BIRTHPLACE** (STATE OR COUNTRY): Ark.

16. INFORMANT'S SIGNATURE: Orvil Carney — ADDRESS: Medford, Oregon — **17. DATE OF DEATH** (MONTH) November (DAY) 23, (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* — MEDICAL CERTIFICATION (A) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 11/24/58

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. — DUE TO (B) Bronchiectasis — 11/23/58

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 Nov. 14, 58 **TO** 11/22 58, **THAT I LAST SAW THE DECEASED ALIVE ON** Nov. 22 58, **AND THAT DEATH OCCURRED AT** 5:30 A. M. **FROM THE CAUSES AND ON THE DATE STATED ABOVE.**

22A. SIGNATURE (DEGREE OR TITLE): Matthew L. Wong, M.D. — **22B. ADDRESS:** 1175 8th St Yuma, Ariz. — **22C. DATE SIGNED:** 11/23/58

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:** 11-26-58 — **25C. NAME OF CEMETERY OR CREMATORY:** Desert Lawn Mem. Park — **25D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona

26A. DATE REC. LOCAL REG.: 11-26-1958 — **26B. REGISTRAR'S SIGNATURE:** Marie Nelson — **27A. FUNERAL DIRECTOR'S SIGNATURE:** O. Johnson — **27B. ADDRESS:** Box 310 Yuma Ariz. — **28. EMBALMER'S SIGNATURE:** O. Johnson — **28B. EMBALMER'S REG. NO.:** 197

FORM VS-2 REV. 3-15-55

15 / E OF DEATH / AND / L RESIDENCE X - 51 — 1 — DECEDENT / PERSONAL DATA 2 / 53 — 4 — X58 — 576X CAUSE OF DEATH (ITEM 18) 0 — 1 — ERATIONS, UTOPSY 4 — EDICAL TIFICATION 1 — DEATH DUE TO EXTERNAL VIOLENCE — ORONER'S TIFICATION — UNERAL DIRECTOR AND GISTRAR 1/3 — 2 — 110