ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 9081 232

1 27 E OF DEATH 1 AND 83 L RESIDENCE 0248

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 6 Yrs; IN ARIZONA 16 Yrs
C. CITY OR TOWN: Wickenburg — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Community Hospital

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 (IF RURAL, GIVE LOCATION): 5 Mi. East Kraka Flats
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

1 DECEDENT 1 PERSONAL 166 DATA 7 158

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Hester B. (MIDDLE) Forest C. (LAST) Vincett
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Jessie B.
7. DATE OF BIRTH: MONTH Oct DAY 26 YEAR 1892
8. AGE (IN YEARS LAST BIRTHDAY): 66 — 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): Carpenter
9B. KIND OF BUSINESS OR INDUSTRY: Building
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana
11. CITIZEN OF WHAT COUNTRY? USA
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.: 316-05-5351
14A. FATHER'S NAME: Charles Vincett
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Ella Bentley
15B. BIRTHPLACE (STATE OR COUNTRY): Kansas
16. INFORMANT'S SIGNATURE: Mrs. Jessie Vincett — ADDRESS: Box 336 Wickenburg Arizona
17. DATE OF DEATH: (MONTH) Dec (DAY) 16 (YEAR) 1958

4201 CAUSE OF DEATH 0 (ITEM 18) 0

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) cardiac decompensation — 5 years
DUE TO (C) Hypertrophy of left vent. — 5-10 years
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY 2
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION 1
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1949, 19__, TO 16 Dec, 19 58, THAT I LAST SAW THE DECEASED ALIVE ON 15 Dec, 19 58 AND THAT DEATH OCCURRED AT 6:20 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) MD
22B. ADDRESS: Wickenburg Arizona
22C. DATE SIGNED: 12-19-58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT (SPECIFY) / SUICIDE / HOMICIDE / NATURAL CAUSE
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 1
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR 38 2
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 12-19-58
25C. NAME OF CEMETERY OR CREMATORY: Wickenburg
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg Arizona
26A. DATE REC. BY LOCAL REG.: 12-19-58
26B. REGISTRAR'S SIGNATURE: G. H. Wachter
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Offinger
27B. ADDRESS: Wickenburg Arizona

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