ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0595

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 57

1. PLACE OF DEATH
A. COUNTY: Navajo
B. LENGTH OF STAY — IN THIS TOWN: 75yrs. IN ARIZONA: 75yrs.
C. CITY OR TOWN: Snowflake ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): At Her Home

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

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Agnes
B. (MIDDLE): Love Flake
C. (LAST): Baird

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Francis J. Baird
7. DATE OF BIRTH — MONTH: Sept. DAY: 21 YEAR: 1883
8. AGE (IN YEARS LAST BIRTHDAY): 75yrs.
IF UNDER 1 YEAR — MONTHS: 3mo. DAYS: 17da. HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Homemaking
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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): No
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: James M. Flake
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Nancy Jane Hall
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Joe Baird ADDRESS: Show Low, Arizona
17. DATE OF DEATH (MONTH): January (DAY): 8 (YEAR): 1959

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) Inanition and Dehydration — 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) Carcinomatosis
DUE TO (C) Primary Carcinoma of Intestine
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 11-7- 1958 TO 1-8- 1959, THAT I LAST SAW THE DECEASED ALIVE ON 1-8- 1959, AND THAT DEATH OCCURRED AT 8:30 PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): C. L. Armstrong M.D.
22B. ADDRESS: Box 517, Snowflake Ariz.
22C. DATE SIGNED: 1-13-59

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: Jan. 10, 1959
25C. NAME OF CEMETERY OR CREMATORY: Love Lake Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Love Lake, Navajo, Ariz.
26A. DATE REC. BY LOCAL REG.: 1-16-59
26B. REGISTRAR'S SIGNATURE: Clara M. Nicholas
27A. FUNERAL DIRECTOR'S SIGNATURE: Velorn R. Allen
27B. ADDRESS: Holbrook, Arizona
28. EMBALMER'S SIGNATURE: Velorn R. Allen
28B. EMBALMER'S CERT. NO.: 290 A

FORM VS-2 REV. 3-15-55

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