ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0871

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 160

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY: IN THIS TOWN 12 yrs; IN ARIZONA 38 yrs
C. CITY OR TOWN: Prescott, ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 320 S. Montezuma St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Prescott ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 101 N. Mt. Vernon
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Aubrey B. (MIDDLE) Jay C. (LAST) Gist
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE: none
7. DATE OF BIRTH: MONTH 4 DAY 29 YEAR 1903
8. AGE (IN YEARS LAST BIRTHDAY): 55
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): Cattleman
9B. KIND OF BUSINESS OR INDUSTRY: Ranching
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Mexico
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): yes (IF YES, WAR OR DATES OF SERVICE): WW 2
13. SOCIAL SECURITY NO.: 526 14 5623
14A. FATHER'S NAME: Aubrey H. Gist
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Sallie Joyce Sweeten
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Mrs. Delia Gardner, ADDRESS: Prescott, Arizona
17. DATE OF DEATH (MONTH) January (DAY) 7, (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) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: acute
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 _____, 19__ TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT 10 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Wm R Shepard M.D.
22B. ADDRESS: Prescott, Arizona
22C. DATE SIGNED: 1-12-59

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): natural
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 320 S. Montezuma St.
23C. (CITY OR TOWN) Prescott, (COUNTY) Yavapai, (STATE) Arizona
23D. TIME OF INJURY (MONTH) 1 (DAY) 7 (YEAR) 59 (HOUR) 9:45am
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? natural causes

24A. CORONER'S SIGNATURE: Dan F. Sedman
24B. ADDRESS: Prescott, Arizona
24C. DATE SIGNED: 1-10-59

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 1-10-59
25C. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prescott, Arizona
26A. DATE REC. BY LOCAL REG.: JAN 1 1959
26B. REGISTRAR'S SIGNATURE: Bernice Lewis - Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: L. W. Ruffner
27B. ADDRESS: Prescott, Arizona
28. EMBALMER'S SIGNATURE: E. A. Braden
28B. EMBALMER'S CERT. NO.: 380-R

FORM VS-2 REV. 3-15-55 OFFICIAL

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