ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1822

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 47

1. PLACE OF DEATH
A. COUNTY: COCHISE
B. LENGTH OF STAY: IN THIS TOWN 17 Mons. IN ARIZONA 50 Years
C. CITY OR TOWN: DOUGLAS — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): COCHISE COUNTY HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: COCHISE
C. CITY OR TOWN: BISBEE — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 315 PITTSBURG AVE. BAYERVILLE
E. IS RESIDENCE ON A FARM? ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): SOPHIE
B. (MIDDLE): KRAKER
C. (LAST):

4. SEX: FEMALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
6B. NAME OF SPOUSE: NONE
7. DATE OF BIRTH MONTH: FEB. DAY: 10 YEAR: 1884
8. AGE (IN YEARS LAST BIRTHDAY): 75 — 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): HOUSEWIFE
9B. KIND OF BUSINESS OR INDUSTRY: HOME
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): AUSTRIA
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.: NONE
14A. FATHER'S NAME: ANDREW EPPICH
14B. BIRTHPLACE (STATE OR COUNTRY): AUSTRIA
15A. MOTHER'S MAIDEN NAME: ELIZABETH EPPICH
15B. BIRTHPLACE (STATE OR COUNTRY): AUSTRIA
16. INFORMANT'S SIGNATURE ADDRESS: COCHISE COUNTY HOSP. RECORDS - DOUGLAS, ARIZONA
17. DATE OF DEATH (MONTH): MARCH (DAY): 16 (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) CEREBROVASCULAR ACCIDENT — 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) ARTERIOSCLEROSIS
DUE TO (C) SENILITY
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 AUG-20, 1958 TO MAR 16, 1959 THAT I LAST SAW THE DECEASED ALIVE ON MAR 16, 1959 AND THAT DEATH OCCURRED AT 8:25 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): E W Cedarson M D
22B. ADDRESS: DOUGLAS ARIZONA
22C. DATE SIGNED: 3/20/59

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: March 16, 1959
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): BISBEE, ARIZONA
26A. DATE REC. BY LOCAL REG.: 3/20/59
26B. REGISTRAR'S SIGNATURE: E W Cedarson
27A. FUNERAL DIRECTOR'S SIGNATURE: Hugh Dugan
27B. ADDRESS: BISBEE, ARIZONA
28A. EMBALMER'S SIGNATURE: Hugh Dugan
28B. EMBALMER'S CERT. NO.: 241

FORM VS-2 REV. 3-18-55 (REV. 1) DUGAN FUNERAL CHAPEL

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