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Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3487

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 100

1. PLACE OF DEATH
A. COUNTY: YUMA
B. LENGTH OF STAY — IN THIS TOWN: 7 WKS — IN ARIZONA: 7 WKS
C. CITY OR TOWN: YUMA — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Brooms Rest Home

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: LOUISIANA — B. COUNTY: ORLEANS
C. CITY OR TOWN: NEW ORLEANS — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2320 Prycania — E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): GEORGIA — B. (MIDDLE): CROSS — C. (LAST): PENNINGTON

4. SEX: F — 5. COLOR OR RACE: CAUC — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED

6B. NAME OF SPOUSE:

7. DATE OF BIRTH — MONTH: Aug. — DAY: 7 — 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): Registered Nurse

9B. KIND OF BUSINESS OR INDUSTRY: Nursing

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tennessee

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.

14A. FATHER'S NAME: Fred Monroe Cross

14B. BIRTHPLACE (STATE OR COUNTRY): Tenn.

15A. MOTHER'S MAIDEN NAME: Lorthula Virginia Harris

15B. BIRTHPLACE (STATE OR COUNTRY): Tenn.

16. INFORMANT'S SIGNATURE: Fred P. Cross — ADDRESS: 920 6th. St. Yuma, Arizona

17. DATE OF DEATH — MONTH: April — DAY: 20, — 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) Hepatic coma — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma of head of Pancreas — 3 months
DUE TO (C) With Generalized metastasis

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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 1, 1959 TO April 20, 1959 THAT I LAST SAW THE DECEASED ALIVE ON Apr. 20, 1959 AND THAT DEATH OCCURRED AT 10:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [signature] (DEGREE OR TITLE): M.D.
22B. ADDRESS: Yuma Arizona
22C. DATE SIGNED: 4-21-59

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?

24A. CORONER'S SIGNATURE: Jewel C. Byrd. — CORONER
24B. ADDRESS: Yuma - Arizona
24C. DATE SIGNED: 4-21-59

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 4-22-1959
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona

26A. DATE REC. BY LOCAL REG.: 4-20-1959
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Robertson
27B. ADDRESS: Box 310 Yuma
28A. EMBALMER'S SIGNATURE: Ray E Bowen
28B. EMBALMER'S CERT. NO.: 168 A

FORM VS-2 REV. 3-15-55 15M AMPCO 22509

5 117 CE OF DEATH
1 AND X- L RESIDENCE
6466
2
2
ECEDENT 3
ERSONAL DATA 766
4
4
157X CAUSE OF DEATH (ITEM 18) 0
0
RATIONS, UTOPSY 9
EDICAL IFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S IFICATION 3
NERAL 93 RECTOR AND NSTRAR 2
201