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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3546

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 80

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 50 yrs. IN ARIZONA: 50 yrs
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 Co. Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona B. COUNTY: Cochise
C. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 527 12th
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John B. (MIDDLE) Elza C. (LAST) Evans
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single n.
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 11 DAY: 19 YEAR: 70
8. AGE (IN YEARS LAST BIRTHDAY): 88 — 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): Retired
9B. KIND OF BUSINESS OR INDUSTRY: Laborer
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U. S.
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: Columbus Evans
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Harriet Elkins
15B. BIRTHPLACE (STATE OR COUNTRY): Tex S
16. INFORMANT'S SIGNATURE: County Hosp. Records ADDRESS:
17. DATE OF DEATH — MONTH: 5 DAY: 15 YEAR: 59

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) [illegible]
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.
INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/11 19 59 TO 5/15 19 59 THAT I LAST SAW THE DECEASED ALIVE ON 5/15 19 59 AND THAT DEATH OCCURRED AT 5:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] (DEGREE OR TITLE)
22B. ADDRESS: [illegible]
22C. DATE SIGNED: 5/20/59

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?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 5-16-59
25C. NAME OF CEMETERY OR CREMATORY: Calvary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Ariz
26A. DATE REC. BY LOCAL REG.: May 19 1959
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: Douglas, Ariz.
28A. EMBALMER'S SIGNATURE: [illegible]
28B. EMBALMER'S CERT. NO.: 321

FORM VS-2 REV. 3-15-55 15M AMPCO 22309

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