ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5023

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 281

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY — IN THIS TOWN: ——— IN ARIZONA: Life
C. CITY OR TOWN: Yarnell — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2 Mi. S. Highway 89

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Wickenburg — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 1½ Mi. East Phoenix Hwy. (IF RURAL, GIVE LOCATION)
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Floyd B. (MIDDLE) Edward C. (LAST) Rivera
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Patricia R.
7. DATE OF BIRTH: MONTH May DAY 6 YEAR 1938
8. AGE (IN YEARS LAST BIRTHDAY): 21 — 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): Laborer
9B. KIND OF BUSINESS OR INDUSTRY: Construction
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): 1-3-58 8-7-58
13. SOCIAL SECURITY NO.: Not Available
14A. FATHER'S NAME: Aristo Rivera
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Lora Gooch
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Mrs. Lora Madril ADDRESS: Wickenburg Arizona
17. DATE OF DEATH (MONTH) June (DAY) 30 (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‡
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Crushing injury to head chest & abdomen with massive hemorrhage
DUE TO (B)
DUE TO (C) Truck Accident

INTERVAL BETWEEN ONSET AND DEATH: Immediate

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~~ xxx, 19xx TO xxxx, 19xx ~~THAT I LAST SAW THE DECEASED~~ ALIVE ON 7-1, 1959, AND THAT DEATH OCCURRED AT 1:45 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [illegible] (DEGREE OR TITLE) M.D.
22B. ADDRESS: Prescott Arizona
22C. DATE SIGNED: 7-1-59

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): S. Desert View Hwy 89
23C. (CITY OR TOWN) Yarnell (COUNTY) (STATE) Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 6-30-59 1:45 p.m.
23E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Brakes Failed on Truck. Truck Turned Over.

24A. CORONER'S SIGNATURE: Harold O. Nolan
24B. ADDRESS: Yarnell Arizona
24C. DATE SIGNED: 6-30-59

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 6-30-59
25C. NAME OF CEMETERY OR CREMATORY: Hampton Funeral Home
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prescott, Arizona

26A. DATE REC. BY LOCAL REG.: 7-1-59
26B. REGISTRAR'S SIGNATURE: Mrs J. H. Wachter
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry C. Hampton
27B. ADDRESS: Prescott, Arizona

Henry C. Hampton

FORM VS-2 REV. 6-1-53 AMPCO 77505

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