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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6484

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1289

E OF DEATH AND L RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 5 months; IN ARIZONA 5 months
C. CITY OR TOWN: Tucson — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): VAH, Tucson, Arizona

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): Box 156
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

ECEDENT ERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) William B. (MIDDLE) I. C. (LAST) SKINNER
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: arah Linda Skinner
7. DATE OF BIRTH: MONTH 3 DAY 17 YEAR 95
8. AGE (IN YEARS LAST BIRTHDAY): 64
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): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Ranching
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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): 6/30/18 1/17/19
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: Alonzo David Skinner (Dec.)
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Annie Mae Needham (Dec.)
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: VA Hospital Records, Tucson, Arizona — ADDRESS:
17. DATE OF DEATH: (MONTH) August (DAY) 18 (YEAR) 1959

1810 CAUSE OF DEATH TEM 18)

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (A) Carcinoma Bladder / and metastasis — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Chronic pyelonephritis — Several years

DUE TO (C)

PLACE DISEASE CONTRACTED.

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

ERATIONS, UTOPSY

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

MEDICAL IFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/27, 19 59 TO 8/18, 19 59 THAT I LAST SAW THE DECEASED ALIVE ON 8/18, 19 59 AND THAT DEATH OCCURRED AT 9:00 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: A. AXELROD, M.D. (DEGREE OR TITLE) CHIEF, SURGICAL SERVICE
22B. ADDRESS: VAH, Tucson, Arizona
22C. DATE SIGNED: 8/20/59

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE
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?

ORONER'S IFICATION

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

UNERAL IRECTOR AND GISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 8/21/59
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Arizona
26A. DATE REC. BY LOCAL REG. 8-21-59
26B. REGISTRAR'S SIGNATURE: Jesse Valencia, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Teresa E. Jacquez
27B. ADDRESS: Arizona Mortuary
28A. EMBALMER'S SIGNATURE: Pablo S. Data
28B. EMBALMER'S CERT. NO.: 347

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