

CERTIFICATE OF DEATH

REGISTRAR'S NO. **233**

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Yuma		B. LENGTH OF STAY IN THIS TOWN 5 yrs. IN ARIZONA 5 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Yuma	
C. CITY OR TOWN Yuma		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Yuma <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Parkview Hospital				D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? ADDRESS Rt. 1, Box 774A YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Isabel B. (MIDDLE) Edith C. (LAST) Barrick			4. SEX F	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced
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6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH June DAY 9 YEAR 1882	8. AGE (IN YEARS LAST BIRTHDAY) 77	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE YEARS IMMEDIATELY PRECEDENT) Executive Secretary
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9B. KIND OF BUSINESS OR INDUSTRY Law	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) England	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO	13. SOCIAL SECURITY NO. not available
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14A. FATHER'S NAME William Canthra	14B. BIRTHPLACE (STATE OR COUNTRY) England	15A. MOTHER'S MAIDEN NAME Unk. Hayes	15B. BIRTHPLACE (STATE OR COUNTRY) England
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16. INFORMANT'S SIGNATURE Mrs. Persis Fuller		ADDRESS Rt. 1, Box 774A Yuma		17. DATE OF DEATH (MONTH) (DAY) (YEAR) September 30 1959
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). IT DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Autopsy report pending 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 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____, W. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE M. T. Moothead M.D.	(DEGREE OR TITLE)	22B. ADDRESS Yuma Ariz	22C. DATE SIGNED Oct 1-59
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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)
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Oct. 3, 1959	25C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona
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26A. DATE REC'D BY LOCAL REG. 10-2-1959	26B. REGISTRAR'S SIGNATURE Merle Nelson	27A. FUNERAL DIRECTOR'S SIGNATURE Johnson	27B. ADDRESS Box 310 Yuma Ariz
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28A. EMBALMER'S SIGNATURE Ray E Bower	28B. EMBALMER'S CERT. NO. 1684
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LAND 86
L. RESIDENCE
0308
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PRECEDENT
PERSONAL DATA
77
9
959
4301
OF DEATH
TEM 18)
0
0
ERATIONS, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND GISTRAR

autopsy report