ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7220

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 231

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Parker
C. LENGTH OF STAY IN THIS PLACE: 4 years | IN ARIZONA: 4 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Laguna Ave. Parker Arizona

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Parker
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Laguna Avenue

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): BILLIE B. (MIDDLE): Jean C. (LAST): SHERK
4. SEX: F
5. COLOR OR RACE: W
6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED
7. DATE OF BIRTH: MONTH Mar DAY 8 YEAR 1929
8. AGE: YEARS 30 MONTHS DAYS
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): House Wife
9B. KIND OF BUSINESS OR INDUSTRY: home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tenn
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: Lynn Richards
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Vesta Fay Williams
15B. BIRTHPLACE (STATE OR COUNTRY): Tenn
16. INFORMANT'S SIGNATURE: Vesta Fay Williams ADDRESS: Parker, Ariz
17. DATE OF DEATH (MONTH) Sept (DAY) 19 (YEAR) 1959

CAUSE OF DEATH (ITEM 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.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) PULMONARY HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: Minutes
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) TUBERCULOSIS — 6 months
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

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

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY) Natural
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM NEVER, 19____ TO NEVER, 19____ THAT I LAST SAW THE DECEASED ALIVE ON NEVER, 19____ AND THAT DEATH OCCURRED AT 9P M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: W.R. Hedlund D.O. (DEGREE OR TITLE)
23B. ADDRESS: Box 268 PARKER ARIZ Parker Arizona
23C. DATE SIGNED: 9-19-59

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Sept 22, 1959
24C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
25A. DATE REC'D BY LOCAL REG.: 9-22-1959
25B. REGISTRAR'S SIGNATURE: Marie Nelson
26. FUNERAL DIRECTOR'S SIGNATURE: O C Johnson ADDRESS: Box 318 Yuma
27. EMBALMER'S SIGNATURE: Alvin C. Ford CERT. NO. 364R

FORM VS 2 REV. 3-50 15M