Punched
Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9931

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY IN THIS TOWN: Hours IN ARIZONA: 4 mos.
C. CITY OR TOWN: Bumble Bee ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 8 miles S. of Bumble Bee

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 4221 N. 31st Ave
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Lindy B. (MIDDLE) G. C. (LAST) Tischler Jr

4. SEX: M.

5. COLOR OR RACE: White

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married

6B. NAME OF SPOUSE:

7. DATE OF BIRTH MONTH 5 DAY 16 YEAR 58

8. AGE (IN YEARS LAST BIRTHDAY): 1 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): None

9B. KIND OF BUSINESS OR INDUSTRY: Childhood

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas

11. CITIZEN OF WHAT COUNTRY? U.S.A.

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: Lindy G. Tischler

14B. BIRTHPLACE (STATE OR COUNTRY): Texas

15A. MOTHER'S MAIDEN NAME: Adell K. Kern

15B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma

16. INFORMANT'S SIGNATURE: Lindy G. Tischler ADDRESS: Phoenix, Arizona

17. DATE OF DEATH (MONTH) December (DAY) 3 (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Gas Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH

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.

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

21. I HEREBY CERTIFY THAT I ~~[illegible]~~ SAW THE DECEASED ~~[illegible]~~ ON Dec. 3, 19 59 AND THAT DEATH OCCURRED AT 11:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS: Prescott, Arizona
22C. DATE SIGNED: 12-3-59

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Homicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 3 mi. S. of Bumble Bee, Ariz
23C. (CITY OR TOWN) Bumble Bee (COUNTY) Yavapai (STATE) Ariz.
23D. TIME OF INJURY (MONTH) 12 (DAY) 3 (YEAR) 59 (HOUR) 11:30 A.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Mother connected hose to exhaust of car & asphyxiated him.

24A. CORONER'S SIGNATURE: [signature]
24B. ADDRESS: Humboldt, Ariz.
24C. DATE SIGNED: 12-3-59

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 12-3-59
25C. NAME OF CEMETERY OR CREMATORY: Hampton Funeral Home
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prescott, Arizona

26A. DATE REC. BY LOCAL REG.: 12-8-59
26B. REGISTRAR'S SIGNATURE: [signature]
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: Prescott, Ariz.
28A. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO.: 308

FORM VS-2 REV. 1-15-55 15M AMPCO 22509

7 17
OF DEATH
AND 29
RESIDENCE
X
1
CEDENT
RSON
DATA
4
159
980X
AUSE
OF
EATH
EM 18)
6
0
ATIONS,
TOPSY
DICAL
FICATION
DEATH
DUE TO
EXTERNAL
VIOLENCE
ONER'S
ICATION
5
ERAL
ECTOR
ND
STRAR
204