unched 8
Verified 8

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9934

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): 3 mi. 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) Tracie B. (MIDDLE) (NMI) C. (LAST) Tischler
4. SEX: F.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 3 DAY: 23 YEAR: 1955
8. AGE (IN YEARS LAST BIRTHDAY): 4 — 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 ATTENDED THE DECEASED LAST 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) MD
22B. ADDRESS: Prescott, Arizona
22C. DATE SIGNED: 12-3-59

DEATH DUE TO EXTERNAL VIOLENCE
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) (COUNTY) (STATE): Bumble Bee Yavapai 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 and asphyxiated her.

24A. CORONER'S SIGNATURE: [signature]
24B. ADDRESS: Humboldt, Arizona
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: Henry C. Hampton
27B. ADDRESS: Prescott, Ariz.
28A. EMBALMER'S SIGNATURE: Henry C. Hampton
28B. EMBALMER'S CERT. NO.: 308

FORM VS-2 REV. 3-15-55 15M AMPCO 22509

17 / E OF DEATH / AND 19 / . RESIDENCE X / 1 / 2 / CEDENT 9 / RSONAL / DATA 164 / 1 / 1 / 159 / 98 X / AUSE / OF / EATH / EM 18) 0 / 0 / ATIONS, / TOPSY 2 / DICAL 1 / FICATION 1 / DEATH DUE TO EXTERNAL VIOLENCE / ONER'S / ICATION 5 / NERAL / ECTOR 79 / ND / STRAR 2 / 314