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Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1031

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 42

CE OF DEATH / AND / L RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 22 yrs. IN ARIZONA 29 yrs.
C. CITY OR TOWN: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 317 20th. St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 317 20th. St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

ECEDENT / ERSONAL / DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ruth B. (MIDDLE) Emily C. (LAST) Morgan
4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Alfred T. Morgan
7. DATE OF BIRTH: MONTH Nov. DAY 12 YEAR 1914
8. AGE (IN YEARS LAST BIRTHDAY): 45 — 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): Nurse
9B. KIND OF BUSINESS OR INDUSTRY: Hospital
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Michigan
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.: not available
14A. FATHER'S NAME: Glen J. Darling
14B. BIRTHPLACE (STATE OR COUNTRY): Vt.
15A. MOTHER'S MAIDEN NAME: Helen Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Alfred T. Morgan — ADDRESS: 317 20th. St. Yuma
17. DATE OF DEATH (MONTH) January (DAY) 28 (YEAR) 1960

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 CONDITION DIRECTLY LEADING TO DEATH: (A) Adenocarcinoma of transverse colon Cmo. — 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. Uremia, Cachexia, Anemia 2 wks

ERATIONS, / UTOPSY

19A. DATE OF OPERATION: Nov 15, 1960
19B. MAJOR FINDINGS OF OPERATION: [redacted] Ca colon
20. AUTOPSY? YES ☐ NO ☒

MEDICAL / TIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 15 19 60 TO Jan 28 19 60 THAT I LAST SAW THE DECEASED ALIVE ON Jan 27 19 60 AND THAT DEATH OCCURRED AT 6:10 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE)
22B. ADDRESS: 601 S Mc Fun Ay
22C. DATE SIGNED: 1/29/60

DEATH DUE TO EXTERNAL VIOLENCE

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)
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 / TIFICATION

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

UNERAL / IRECTOR / AND / EGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 1-30-1960
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
26A. DATE REC. BY LOCAL REG.: 1-30-60
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: R E Johnson
27B. ADDRESS: P.O. Drawer 310 Yuma
28A. EMBALMER'S SIGNATURE: Ray E Bower
28B. EMBALMER'S CERT. NO.: 168 A

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