ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1165

CERTIFICATE OF DEATH

REGISTRAR'S NO. 423

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY — IN THIS TOWN: 17 yrs. IN ARIZONA: 17 yrs.
C. CITY OR TOWN: Morenci — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Morenci Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Greenlee
C. CITY OR TOWN: Morenci — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 120 Yucca
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) AKA Hilda Hilda B. (MIDDLE) K. C. (LAST) Evans Evans

4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Jack Alfred Evans
7. DATE OF BIRTH — MONTH: April DAY: 6, YEAR: 1925
8. AGE (IN YEARS LAST BIRTHDAY): 34
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California, Mo.
11. CITIZEN OF WHAT COUNTRY? USA
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.: 526-26-1470
14A. FATHER'S NAME: Charles E. Kratzer
14B. BIRTHPLACE (STATE OR COUNTRY): Switzerland
15A. MOTHER'S MAIDEN NAME: Mary Groff
15B. BIRTHPLACE (STATE OR COUNTRY): Switzerland
16. INFORMANT'S SIGNATURE: Jack A. Evans By J. L. L. ADDRESS: Clifton, Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): 2-22-60

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) Gunshot wound into Brain — INTERVAL BETWEEN ONSET AND DEATH: approx. 7 hrs.
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 FROM 2/22, 1960 TO 2/22, 1960, THAT I LAST SAW THE DECEASED ALIVE ON 2-22-60, 19____, AND THAT DEATH OCCURRED AT 9:45 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: T. S. Lattimer, M. D. (DEGREE OR TITLE)
22B. ADDRESS: Morenci, Arizona
22C. DATE SIGNED: 2-22-60

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Suicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Home
23C. (CITY OR TOWN) (COUNTY) (STATE): Morenci, Greenlee, Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 2-22-60 M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Self inflicted

24A. CORONER'S SIGNATURE: C. Cooper
24B. ADDRESS: Morenci, Arizona
24C. DATE SIGNED: Feb. 24-1960

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Feb. 26, 1960
25C. NAME OF CEMETERY OR CREMATORY: Clifton Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Clifton, Arizona
26A. DATE REC. BY LOCAL REG.: 2-23-60
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: J. L. Lewallen
27B. ADDRESS: Clifton, Arizona
28. EMBALMER'S SIGNATURE: J. L. Lewallen
28B. EMBALMER'S CERT. NO.: 352

FORM VS-2 REV. 3-15-55 [illegible]1

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