Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1943

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 18 yrs; IN ARIZONA 18 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): 2245 1st. Ave.

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): 2245 1st. Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): NATHAN
B. (MIDDLE): WESLEY
C. (LAST): VAUGHAN

4. SEX: M
5. COLOR OR RACE: Cauc.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Carrie Belle
7. DATE OF BIRTH: MONTH Jan DAY 21 YEAR 1886
8. AGE (IN YEARS LAST BIRTHDAY): 74
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): Foreman
9B. KIND OF BUSINESS OR INDUSTRY: U.S.B.R.
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.: 525-12-3733
14A. FATHER'S NAME: John F. Vaughan
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Maggie E. Crowder
15B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
16. INFORMANT'S SIGNATURE: D W Vaughan
ADDRESS: 858 Magnolia Ave Yuma
17. DATE OF DEATH: (MONTH) February (DAY) 22, (YEAR) 1960

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) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Cachexia, severe — 6 months
DUE TO (C) Carcinoma rectum — 1 year

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: March 26, 1959
19B. MAJOR FINDINGS OF OPERATION: Biopsy tumor mass rectum
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 13, 19 47 TO Feb 22, 19 60, THAT I LAST SAW THE DECEASED ALIVE ON Sept 8, 19 59 AND THAT DEATH OCCURRED AT 6:00 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Ralph T. Irwin, M.D.
22B. ADDRESS: 450 W 23rd St. Yuma, Ariz
22C. DATE SIGNED: Feb 23, 1960

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 2-25-60
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.
26B. REGISTRAR'S SIGNATURE
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.: 32

FORM VS-2 REV. 8-15-55 25M AMPCO 26392

DEATH / CAUSE OF DEATH (ITEM 18) / OPERATIONS, AUTOPSY / MEDICAL CERTIFICATION / DEATH DUE TO EXTERNAL VIOLENCE / CORONER'S CERTIFICATION / FUNERAL DIRECTOR AND REGISTRAR