Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 2830

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2006

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY — IN THIS TOWN: 1 Day; IN ARIZONA: 60 Yrs.
C. CITY OR TOWN: Prescott — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): YAVAPAI County Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Yarnell — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 84
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Manville B. (MIDDLE) Edward C. (LAST) Hodges

4. SEX: M. 5. COLOR OR RACE: W. 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Laura Hodges
7. DATE OF BIRTH — MONTH: 11 DAY: 23 YEAR: 1879
8. AGE (IN YEARS LAST BIRTHDAY): 80 — 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): Stockman
9B. KIND OF BUSINESS OR INDUSTRY: Ranching
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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.: None
14A. FATHER'S NAME: Royal Hodges
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
15A. MOTHER'S MAIDEN NAME: Adeline Nunn
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Laura Hodges — ADDRESS: Yarnell, Arizona
17. DATE OF DEATH (MONTH) 3 (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) Carcinoma of the stomach with metastases to the liver. — 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 CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Jan 1960
19B. MAJOR FINDINGS OF OPERATION: cancer confirmed
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 21 Mar. 1960 TO 22 Mar. 1960 THAT I LAST SAW THE DECEASED ALIVE ON 22 Mar. 1960 AND THAT DEATH OCCURRED AT 5:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Ted Bosse (DEGREE OR TITLE) M.D.
22B. ADDRESS: Prescott, Arizona
22C. DATE SIGNED: 3-23-60

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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
25B. DATE: 3-24-60
25C. NAME OF CEMETERY OR CREMATORY: Dugan Hennessy Mortuary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Arizona
26A. DATE REC. BY LOCAL REG.: 3-23-60
26B. REGISTRAR'S SIGNATURE: [illegible] Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry C. Hampton
27B. ADDRESS: Prescott, Arizona
28A. EMBALMER'S SIGNATURE: Henry C. Hampton
28B. EMBALMER'S CERT. NO.: 308

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