DO NOT ISSUE.... [redacted] HEALTH
FEE PENDING..... [redacted] ATH

STATE FILE NO. 3703

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH

A. COUNTY: Yuma — IN THIS TOWN: 7 MOS. — IN ARIZONA: 7 MOS.

C. CITY OR TOWN: Yuma — [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): Parkview Hospital

RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

A. STATE: Arizona — B. COUNTY: Yuma

C. CITY OR TOWN: Yuma (Rural) — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Martinez Lake, Ariz. — E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Thomas — B. (MIDDLE) Clarence — C. (LAST) Hamrick

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

6B. NAME OF SPOUSE: Mildred Hamrick — 7. DATE OF BIRTH: MONTH 12, DAY 17, YEAR 1902 — 8. AGE (IN YEARS LAST BIRTHDAY): 57 — 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): Lineman

9B. KIND OF BUSINESS OR INDUSTRY: construction — 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Montana — 11. CITIZEN OF WHAT COUNTRY?: U.S.A. — 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): WW 1 — (IF YES, WAR OR DATES OF SERVICE): yes — 13. SOCIAL SECURITY NO.: 213-07-2950

14A. FATHER'S NAME: Jonathan Hamrick — 14B. BIRTHPLACE (STATE OR COUNTRY): Unknown — 15A. MOTHER'S MAIDEN NAME: Massie Jones — 15B. BIRTHPLACE (STATE OR COUNTRY): Montana

16. INFORMANT'S SIGNATURE: Mildred Hamrick — ADDRESS: P.O. Box 1747 Yuma

17. DATE OF DEATH: (MONTH) April (DAY) 18 (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) Metastatic Carcinomatosis, Generalized, but especially of the Liver — INTERVAL BETWEEN ONSET AND DEATH: 1 mo to 6 mo

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C) Cancer of the Stomach — 1/2 to 5 yrs

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: Autopsy — 20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Never TO 19__, THAT I LAST SAW THE DECEASED ALIVE ON 19__ AND THAT DEATH OCCURRED AT 7:50 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [illegible] MD (DEGREE OR TITLE) — 22B. ADDRESS: Yuma — 22C. DATE SIGNED: 4/22/60

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?

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

25A. BURIAL [ ] CREMATION [X] REMOVAL [ ] — 25B. DATE: 4-23-60 — 25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Crematory — 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. C. Dorsa — 27B. ADDRESS: P.O. Drawer 310 Yuma

28A. EMBALMER'S SIGNATURE: Ray E Bower — 28B. EMBALMER'S CERT. NO.: 168 A.

FORM VS-2 REV. 3-19-55 — 25M AMPCO 26392