ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3763

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 82

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 34 yrs. IN ARIZONA life
C. CITY OR TOWN: Douglas ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Cochise Co. Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona COUNTY: Cochise
C. CITY OR TOWN: Douglas ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2110 11th
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) Rachael B. (MIDDLE) Rebecca C. (LAST) Sanders

4. SEX: female
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widow
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 3 DAY 25 YEAR 85
8. AGE (IN YEARS LAST BIRTHDAY): 75 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): Arizona
11. CITIZEN OF WHAT COUNTRY? U. S.
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: unknown
14B. BIRTHPLACE (STATE OR COUNTRY): unknown
15A. MOTHER'S MAIDEN NAME: unknown
15B. BIRTHPLACE (STATE OR COUNTRY): unknown
16. INFORMANT'S SIGNATURE: County Hosp. Records ADDRESS:
17. DATE OF DEATH (MONTH) May (DAY) 28 (YEAR) 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) [illegible] — INTERVAL BETWEEN ONSET AND DEATH [illegible]

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: [illegible]
19B. MAJOR FINDINGS OF OPERATION: [illegible]
20. AUTOPSY? YES ☐ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [illegible] 19__ TO [illegible] 19[illegible] THAT I LAST SAW THE DECEASED ALIVE ON [illegible] 19__ AND THAT DEATH OCCURRED AT 7:25 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): [illegible]
22B. ADDRESS: [illegible]
22C. DATE SIGNED: [illegible]

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 ☐ REMOVAL ☐
25B. DATE: 6-1-60
25C. NAME OF CEMETERY OR CREMATORY: Calvary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Arizona
26A. DATE REC. BY LOCAL REG.: May 31 60
26B. REGISTRAR'S SIGNATURE: Ben Edamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Curtis Fry
27B. ADDRESS: Douglas
28A. EMBALMER'S SIGNATURE: Curtis Fry
28B. EMBALMER'S CERT. NO.: 321

FORM VS-2 REV. 3-15-55 25M AMPCO 26392