ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 4225

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 354

**1. PLACE OF DEATH**
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 9½ Hrs. IN ARIZONA Tourist
C. CITY OR TOWN: Wickenburg — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Community Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Texas
B. COUNTY: Kerr
C. CITY OR TOWN: Kerrville — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 414 Elm St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) Alice B. (MIDDLE) Claudia C. (LAST) McCormick
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 Jan DAY 11 YEAR 1892
8. AGE (IN YEARS LAST BIRTHDAY): 68 — 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: At Home
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.: 458-46-9595
14A. FATHER'S NAME: Joseph A. Robre
14B. BIRTHPLACE (STATE OR COUNTRY): Germany
15A. MOTHER'S MAIDEN NAME: Dora Miller
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: A. J. McCormick — ADDRESS: 414 B Elm St Kerrville Texas
17. DATE OF DEATH (MONTH) May (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) multiple traumata
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) auto accident
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH: 12 Hrs

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-21 60 TO 5-22 19 60 THAT I LAST SAW THE DECEASED ALIVE ON 5-22-60 AND THAT DEATH OCCURRED AT 12:26 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] (DEGREE OR TITLE) MD
22B. ADDRESS: Wickenburg Arizona
22C. DATE SIGNED: 5-23-60

**DEATH DUE TO EXTERNAL VIOLENCE**
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway 60 70 8 Mi East
23C. (CITY OR TOWN) Wenden (COUNTY) Yuma (STATE) Arizona
23D. TIME OF INJURY (MONTH) (DAY) 5-21-60 (YEAR) (HOUR) 1:10 P M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Auto Accident

24A. CORONER'S SIGNATURE: P. L. Wistal Coroner
24B. ADDRESS: Box 794 Wickenburg
24C. DATE SIGNED: 5/23/60

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 5-23-60
25C. NAME OF CEMETERY OR CREMATORY:
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Kerrville, Texas
26A. DATE REC. BY LOCAL REG.: 5-23-60
26B. REGISTRAR'S SIGNATURE: Mrs F. H. Wachter
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Coffinger
27B. ADDRESS: Wickenburg Arizona
28A. EMBALMER'S SIGNATURE: H. L. Coffinger
28B. EMBALMER'S CERT. NO.: 188-A

FORM VS-2 REV. 3-15-55 1 25M AMPCO 28392