ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4540

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 199

1. PLACE OF DEATH
A. COUNTY: YUMA
B. LENGTH OF STAY — IN THIS TOWN: 6 WKS; IN ARIZONA: 1 YR
C. CITY OR TOWN: PARKER — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1812 McHASE

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZ
B. COUNTY: YUMA
C. CITY OR TOWN: PARKER — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1812 McHASE

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) EMMA B. (MIDDLE) JANE C. (LAST) MARTIN

4. SEX: F
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 4 DAY: 9 YEAR: 1887
8. AGE (IN YEARS LAST BIRTHDAY): 73 — 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): NURSE
9B. KIND OF BUSINESS OR INDUSTRY: NURSE
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): PENN
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.: 541-24-4957
14A. FATHER'S NAME: L. C. [illegible]
14B. BIRTHPLACE (STATE OR COUNTRY): PENN
15A. MOTHER'S MAIDEN NAME: UNKNOWN
15B. BIRTHPLACE (STATE OR COUNTRY): UNKNOWN
16. INFORMANT'S SIGNATURE: [illegible] ADDRESS: Parker Ariz
17. DATE OF DEATH — (MONTH): 4 (DAY): 13 (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) CARCINOMATOSIS
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) UTERINE CARCINOMA
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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3-1, 1960 TO 4-12, 1960, THAT I LAST SAW THE DECEASED ALIVE ON 4-12, 1960, AND THAT DEATH OCCURRED AT 4 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: William R. Williamson (DEGREE OR TITLE): D.O.
22B. ADDRESS: Bx 2108 PARKER ARIZ
22C. DATE SIGNED: 4-13-60

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: C. H. Hamilton
24B. ADDRESS: Parker Arizona
24C. DATE SIGNED: 11-13-1960

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 4-15-60
25C. NAME OF CEMETERY OR CREMATORY: Wickenburg
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg Arizona
26A. DATE REC. BY LOCAL REG.: 4-15-60
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Coffinger
27B. ADDRESS: Wickenburg Ariz

FORM VS-2 REV. 6-1-53 AMPCO 70388