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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6662

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 74

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Mohave
B. LENGTH OF STAY IN THIS TOWN: 35 yrs. IN ARIZONA: 35 yrs.
C. CITY OR TOWN: Kingman — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Ranch – 45 miles S. Kingman

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Mohave
C. CITY OR TOWN: Kingman — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Sandy Rt.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) NETTA B. (MIDDLE) JANE C. (LAST) STEPHENS
4. SEX: female
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Edgar N. Stephens
7. DATE OF BIRTH: MONTH Jan. DAY 30 YEAR 1925
8. AGE (IN YEARS LAST BIRTHDAY): 35 yrs. 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): House wife & ranch work
9B. KIND OF BUSINESS OR INDUSTRY: home ranch
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U. S. A.
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: George Fancher
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Ruth Musser
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Edgar N. Stephens ADDRESS:
17. DATE OF DEATH (MONTH) August (DAY) 29 (YEAR) 1960

CAUSE OF DEATH (ITEM 18)

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) Liver injury (Fatal) — INTERVAL BETWEEN ONSET AND DEATH: 25-30 min.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Chest injury (Fatal)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM — 19__ TO — 19__ THAT I LAST SAW THE DECEASED ALIVE ON — 19__ AND THAT DEATH OCCURRED AT — M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Carlton Clement Pol (DEGREE OR TITLE)
22B. ADDRESS: Kingman
22C. DATE SIGNED: 8/30/60

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.): Edgar Stephens – Ranch.
23C. (CITY OR TOWN) Big Sandy (COUNTY) Mohave (STATE) Arizona
23D. TIME OF INJURY (MONTH) August (DAY) 29th (YEAR) 1960 (HOUR) 8:7 A.M.
23E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Thrown from horse and landing on left side of head

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: [illegible]
24B. ADDRESS: Kingman Arizona
24C. DATE SIGNED: 8/30/60

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9-1-60
25C. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Kingman, Arizona
26A. DATE REC. BY LOCAL REG.: 9-1-60
26B. REGISTRAR'S SIGNATURE: Hazel M. Miller
27A. FUNERAL DIRECTOR'S SIGNATURE: Van Martin – Hale Mort.
27B. ADDRESS: Kingman
28A. EMBALMER'S SIGNATURE: Mart P. Hale Jr.
28B. EMBALMER'S CERT. NO.: 3664

FORM VS-2 REV. 2-18-55 (1)
15M AMPCO 82567