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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8578

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 167

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 53 yrs. IN ARIZONA 53 yrs.
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
B. COUNTY: Cochise
C. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1227½ 15th
IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) William B. (MIDDLE) M. C. (LAST) Johnson
4. SEX: male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 1 DAY 4 YEAR 92
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): Hi Way County
9B. KIND OF BUSINESS OR INDUSTRY: Retired
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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. 576-44-1536
14A. FATHER'S NAME: John Johnson
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Surnaa Vines
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Cochise County Hosp. Records
ADDRESS:
17. DATE OF DEATH (MONTH) 11 (DAY) 14 (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) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

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. Acute Congestive Heart Failure

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/11, 1960 TO 11/14, 1960, THAT I LAST SAW THE DECEASED ALIVE ON 11/13, 1960 AND THAT DEATH OCCURRED AT 12:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] M.D. (DEGREE OR TITLE)
22B. ADDRESS: Douglas Ariz
22C. DATE SIGNED: 11/15/60

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 ☐ REMOVAL ☐
25B. DATE: 11-16-60
25C. NAME OF CEMETERY OR CREMATORY: Calvary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Arizona
26A. DATE REC. BY LOCAL REG.: Nov. 17/60
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: Douglas, Ariz.
28. EMBALMER'S SIGNATURE: [illegible]
28B. EMBALMER'S CERT. NO. 321

FORM VS-2 REV. 3-15-55

OF DEATH AND RESIDENCE
CEDENT PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
RATIONS, UTOPSY
EDICAL IFICATION
RONER'S IFICATION
NERAL RECTOR AND GISTRAR