ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9072

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 392

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 2½ Mo. IN ARIZONA 2½ Yo.
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: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Wickenburg — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Palm Drive
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) B. (MIDDLE) C. (LAST): Sophrona Angeline Siebenthaler Leatherman

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 Aug DAY 22 YEAR 1867
8. AGE (IN YEARS LAST BIRTHDAY): 93
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): Indiana
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.: None
14A. FATHER'S NAME: George Siebenthaler
14B. BIRTHPLACE (STATE OR COUNTRY): Germany
15A. MOTHER'S MAIDEN NAME: Mary Siebenthaler
15B. BIRTHPLACE (STATE OR COUNTRY): Germany
16. INFORMANT'S SIGNATURE: E. S. Leatherman — ADDRESS: Wickenburg Arizona
17. DATE OF DEATH: MONTH Nov DAY 27 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) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1-2 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) cardiac decompensation — 2-7 weeks
DUE TO (C) Senescence — several years
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Uterine fibroids — unknown

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-19-60, 19__, TO 11-27-60, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 11-27-60, 19__, AND THAT DEATH OCCURRED AT 5:27 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] MD (DEGREE OR TITLE)
22B. ADDRESS: Wickenburg Arizona
22C. DATE SIGNED: 11-29-60

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: 11-29-60
25C. NAME OF CEMETERY OR CREMATORY: Wickenburg
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg Arizona
26A. DATE REC. BY LOCAL REG.: 11-29-60
26B. REGISTRAR'S SIGNATURE: Mrs F. H. Wachter
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Coffenger
27B. ADDRESS: Wickenburg Ariz.
28A. EMBALMER'S SIGNATURE: H. L. Coffenger
28B. EMBALMER'S CERT. NO.: 189-A

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

7 27 — CE OF DEATH
5 AND 45 — AL RESIDENCE
0348
1
2
DECEDENT 3
PERSONAL 33 DATA
6
X60
1 3441 — CAUSE OF DEATH (ITEM 18)
6
6
PERATIONS, 2 AUTOPSY
MEDICAL 4 RTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S 1 RTIFICATION
FUNERAL DIRECTOR AND REGISTRAR 2