ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9414

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 254

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 1 yr. IN ARIZONA 1 yr.
C. CITY OR TOWN: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Dr. Parmenter Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 116 23rd Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) Debra B. (MIDDLE) Jean C. (LAST) Birch

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH 5 DAY 2 YEAR 1956
8. AGE (IN YEARS LAST BIRTHDAY): 4 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): None
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ogden, Utah
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: Rob Roy Birch
14B. BIRTHPLACE (STATE OR COUNTRY): Idaho
15A. MOTHER'S MAIDEN NAME: Barbara Jean Flitton
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Mr. Rob R. Birch ADDRESS: 116 23rd St., Yuma
17. DATE OF DEATH: November (MONTH) 5, (DAY) 1960 (YEAR)

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: Arizona

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (A) Cerebral laceration — INTERVAL BETWEEN ONSET AND DEATH: 3 min.

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B): Auto acc't — 3 min.
DUE TO (C):

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION: 11/8/60
19B. MAJOR FINDINGS OF OPERATION: as above - simple post mortem
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM never, 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 Berry (DEGREE OR TITLE) M.D.
22B. ADDRESS: Yuma Arizona
22C. DATE SIGNED: 11/8/60

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.): Street
23C. (CITY OR TOWN) (COUNTY) (STATE): Yuma, Yuma, Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 11/5/60 2:10 P.M.
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? The driver of the auto aparently ran off street and hit the victim.

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: Lowell C. Byrd, Coroner
24B. ADDRESS: 501 1st Street, Yuma
24C. DATE SIGNED: 11/7/60

MINERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 11/5/60
25C. NAME OF CEMETERY OR CREMATORY: Aultorest Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Ogden, Utah
26A. DATE REC. BY LOCAL REG.: 11-5-60
26B. REGISTRAR'S SIGNATURE: Marie Wilson
27A. FUNERAL DIRECTOR'S SIGNATURE: Ray Dixon - Yuma Mortuary
27B. ADDRESS: 551 16th Street
28A. EMBALMER'S SIGNATURE: Ray Dixon
28B. EMBALMER'S CERT. NO.: 388

FORM VS-2 REV. 3-15-55 1 15M AMPCO 32567