ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9440

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 272

1. PLACE OF DEATH
A. COUNTY: YUMA
B. LENGTH OF STAY: IN THIS TOWN 10 yrs; IN ARIZONA 30 yrs
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): YUMA COUNTY NURSING HOME

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: YUMA
C. CITY OR TOWN: WELLTON ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): San Francisco Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) MAUDE B. (MIDDLE) C. (LAST) SANDERS

4. SEX: F
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: ERNEST SANDERS, Sr.
7. DATE OF BIRTH: MONTH Apr DAY 2 YEAR 1884
8. AGE (IN YEARS LAST BIRTHDAY): 76
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: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kansas
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.: Unavailable
14A. FATHER'S NAME: OSCAR GRANLEY
14B. BIRTHPLACE (STATE OR COUNTRY): ILLINOIS
15A. MOTHER'S MAIDEN NAME: RIZPAH AMES
15B. BIRTHPLACE (STATE OR COUNTRY): ILLINOIS
16. INFORMANT'S SIGNATURE: Ernest Sanders, Sr., ADDRESS: Wellton, Arizona
17. DATE OF DEATH: (MONTH) November (DAY) 29 (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) Ca advanced Carcinoma of Uterus — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs
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.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/1 19 60 TO 11/29 19 60 THAT I LAST SAW THE DECEASED ALIVE ON 11/28 19 60 AND THAT DEATH OCCURRED AT 1:10 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Matthew L Wong MD (DEGREE OR TITLE)
22B. ADDRESS: 475 Phx
22C. DATE SIGNED: 11/29/60

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?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Dec 2, 1960
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Yuma, Arizona
26A. DATE REC. BY LOCAL REG.: 11-29-60
26B. REGISTRAR'S SIGNATURE: Merle Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: A. C. Dordal
27B. ADDRESS: Yuma, Arizona
28A. EMBALMER'S SIGNATURE: Ray E Bower
28B. EMBALMER'S CERT. NO.: 168A

FORM VS-2 REV. 3-15-53 15M AMPCO 32567