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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9441

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 252

E OF DEATH AND RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 32 yrs; IN ARIZONA 47 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): 2480 Sixth Avenue

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 (IF RURAL, GIVE LOCATION) ADDRESS: 2480 Sixth Avenue
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

CEDENT RSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) RAYMOND B. (MIDDLE) E. C. (LAST) SIMMONS
4. SEX: M
5. COLOR OR RACE: CAUCASIAN
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: Louise V. Simmons
7. DATE OF BIRTH: MONTH Apr DAY 2 YEAR 1900
8. AGE (IN YEARS LAST BIRTHDAY): 60
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): Retired S P R.R. Employee
9B. KIND OF BUSINESS OR INDUSTRY: Railroad
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): 1920-1921
13. SOCIAL SECURITY NO.: 700-12-2647
14A. FATHER'S NAME: William E. Simmons
14B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
15A. MOTHER'S MAIDEN NAME: Mollie Grace
15B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
16. INFORMANT'S SIGNATURE: Louise V. Simmons ADDRESS: 2480-6th
17. DATE OF DEATH: (MONTH) November (DAY) 6 (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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 to 6 hrs
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Atherosclerosis — 1 to 20 yrs
DUE TO (C) Arteriosclerosis, Generalized — 10 to 30 yrs
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH

RATIONS, UTOPSY

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

EDICAL IFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Autopsy Surgeon, 19__, THAT I LAST SAW THE DECEASED ALIVE ON Never 19__, AND THAT DEATH OCCURRED AT 1:00 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): R. T. Moore Head M.D.
22B. ADDRESS: Yuma Ariz
22C. DATE SIGNED: Nov. 8-'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?

RONER'S IFICATION

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

NERAL RECTOR AND GISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Nov 9, 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.: 11-9-60
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: A. C. Dodd
27B. ADDRESS: Yuma Arizona
28A. EMBALMER'S SIGNATURE: A. C. Dodd
28B. EMBALMER'S CERT. NO.: 364 R

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