ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9445

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 248

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 10 yrs; IN ARIZONA 20 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 Ind. Nursing Home

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): Yuma Couty Ind. Nursing Home
E. IS RESIDENCE ON A FARM? ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) STEPHEN B. (MIDDLE) NMI C. (LAST) WILLIAMSON

4. SEX: MALE
5. COLOR OR RACE: CAUC.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): DIVORCED
6B. NAME OF SPOUSE: NONE
7. DATE OF BIRTH: MONTH 8 DAY 23 YEAR 1886
8. AGE (IN YEARS LAST BIRTHDAY): 74 — 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): Unavailable
9B. KIND OF BUSINESS OR INDUSTRY: unavailable
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ill.
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.: 530-07-9888
14A. FATHER'S NAME: Zephania Williamson
14B. BIRTHPLACE (STATE OR COUNTRY): unavailable
15A. MOTHER'S MAIDEN NAME: Henrietta Dean
15B. BIRTHPLACE (STATE OR COUNTRY): unk.
16. INFORMANT'S SIGNATURE: Paul Cotton — ADDRESS: Yuma, Arizona
17. DATE OF DEATH: (MONTH) November (DAY) 1 (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) Empyema of Abdom — INTERVAL BETWEEN ONSET AND DEATH: 1958-1960

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Ab Ab
DUE TO (C) Ch Advanced Arteriosclerosis

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10/31 19 60 TO 11-1 19 60 THAT I LAST SAW THE DECEASED ALIVE ON 10/31 19 60 AND THAT DEATH OCCURRED AT 4:50 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Matthew L. Cooley (DEGREE OR TITLE) M. D.
22B. ADDRESS: Yuma, Arizona
22C. DATE SIGNED: 11/1/60

23. ☒ 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: 4 Nov 60
25C. NAME OF CEMETERY OR CREMATORY: Eagles Plat. Yuma Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma Arizona

26A. DATE REC. BY LOCAL REG.: 11-9-60
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: A. C. Dondel
27B. ADDRESS: Yuma, Arizona
28A. EMBALMER'S SIGNATURE: A. C. Dondel
28B. EMBALMER'S CERT. NO.: 364 R

FORM VS-2 REV. 5-18-55 1 15M AMPCO 32567

E OF DEATH AND RESIDENCE 15 / 6 / 1 / 1
CEDENT RSONAL DATA 4 / 74 / 7 / X60
AUSE OF DEATH (EM 18) X51 / 0 / 0
RATIONS, UTOPSY 2
EDICAL IFICATION 4
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S IFICATION 1
NERAL RECTOR AND GISTRAR 93 / 2 / 120