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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 10471

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 308

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY — IN THIS TOWN: 6 yrs. IN ARIZONA: 7 yrs.
C. CITY OR TOWN: Wellton — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Box 232 - 307 San Jose Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Wellton — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (OR RURAL, GIVE LOCATION): Box 232
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Lawrence
B. (MIDDLE): Edward
C. (LAST): Runge

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Theresa Runge
7. DATE OF BIRTH — MONTH: 7 DAY: 21 YEAR: 1918
8. AGE (IN YEARS LAST BIRTHDAY): 42 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): Garage operator
9B. KIND OF BUSINESS OR INDUSTRY: Automotive
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): W.Well
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: Fred C. Runge
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Johana Schoultz
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Mrs. Theresa Runge, Box 232, Wellton, Ariz.
17. DATE OF DEATH (MONTH) December (DAY) 21, (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) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B): Smoke — 15 min
DUE TO (C):

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: multiple severe burns — 15 min

19A. DATE OF OPERATION: 12/22/60
19B. MAJOR FINDINGS OF OPERATION: as above
20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Never attended - coroners surgeon, 19__, TO _____, 19__, AND 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: Carson Benge (DEGREE OR TITLE) M.D.
22B. ADDRESS: Yuma, Arizona
22C. DATE SIGNED: 12/22/60

23A. ACCIDENT X / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): In pickup at his garage
23C. (CITY OR TOWN) (COUNTY) (STATE): Wellton Yuma Ariz
23D. TIME OF INJURY (MONTH) 12 (DAY) 21 (YEAR) 60 (HOUR) A. M.
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
23F. HOW DID INJURY OCCUR? Fell asleep, holding lighted cigarette, which set upholstery on fire

24A. CORONER'S SIGNATURE: Geo. L. Witten, Coroner
24B. ADDRESS: P.O. Box 384 Wellton
24C. DATE SIGNED: 12-21-60

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 12/27/60
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
26A. DATE REC. BY LOCAL REG.: 12 26 60
26B. REGISTRAR'S SIGNATURE: Maurice Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: Ray Dixon-Yuma Mortuary
27B. ADDRESS: 551 16th Street
28. EMBALMER'S SIGNATURE: Ray Dixon
28B. EMBALMER'S CERT. NO. 388

FORM VS-2 REV. 3-15-55 ... 1

OF DEATH AND RESIDENCE
CEDENT PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
RATIONS, UTOPSY
EDICAL IFICATION
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S IFICATION
NERAL RECTOR AND GISTRAR