ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. **0996**

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 31

**1. PLACE OF DEATH**
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 5 yrs | IN ARIZONA 1909
C. CITY OR TOWN: Douglas — [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): Cochise County Hospitall

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

**3. NAME OF DECEASED** (TYPE OR PRINT)
A. (FIRST): Fannie
B. (MIDDLE): A
C. (LAST): Flanders

4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ---
7. DATE OF BIRTH: MONTH Sept | DAY 26 | YEAR 1869
8. AGE (IN YEARS LAST BIRTHDAY): 91
IF UNDER 1 YEAR: MONTHS 5 | DAYS 1
IF UNDER 24 HRS.: HOURS --- | MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Retired housewife
9B. KIND OF BUSINESS OR INDUSTRY: Housewife
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): ---
(IF YES, WAR OR DATES OF SERVICE): ---
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Abslum Cassidy
14B. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana
15A. MOTHER'S MAIDEN NAME: Nancy Carter
15B. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana
16. INFORMANT'S SIGNATURE: Pauline Flanders — ADDRESS: Cochise Ariz.
17. DATE OF DEATH: (MONTH) Feb. (DAY) 13, (YEAR) 1961

**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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 7 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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 2, 1961 TO Feb 13, 1961 THAT I LAST SAW THE DECEASED ALIVE ON Feb 13, 1961, AND THAT DEATH OCCURRED AT 1103 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: R E Montgomery — (DEGREE OR TITLE): MD
22B. ADDRESS: Douglas
22C. DATE SIGNED: 2/16/61.

**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 [X]
25B. DATE: Feb. 15, 1961
25C. NAME OF CEMETERY OR CREMATORY: Sunset Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Willcox Cochise Ariz.
26A. DATE REC. BY LOCAL REG.: Feb. 20 61
26B. REGISTRAR'S SIGNATURE: Gus Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE: William Forbes
27B. ADDRESS: Willcox, Ariz.
28A. EMBALMER'S SIGNATURE: William Forbes
28B. EMBALMER'S CERT. NO.: 338

FORM VS-2 REV. 3-15-55 15M AMPCO 22509