PUNCHED VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1803

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 37

1. PLACE OF DEATH
A. COUNTY: YUMA
B. LENGTH OF STAY — IN THIS TOWN: 52 yrs; IN ARIZONA: 52 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 Indigent Nurs. 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): 960 Sixth Ave
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ALEXANDER B. (MIDDLE) M. C. (LAST) BAKER

4. SEX: Male
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: May DAY: 5 YEAR: 1908
8. AGE (IN YEARS LAST BIRTHDAY): 52 — 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): GARDENER
9B. KIND OF BUSINESS OR INDUSTRY: Landscaping
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ARIZONA
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. 527-03-2705
14A. FATHER'S NAME: EDWARD BAKER
14B. BIRTHPLACE (STATE OR COUNTRY): ARIZONA
15A. MOTHER'S MAIDEN NAME: DOLORES ORTIZ
15B. BIRTHPLACE (STATE OR COUNTRY): MEXICO
16. INFORMANT'S SIGNATURE: John M. Baker — ADDRESS: Yuma - Arizona
17. DATE OF DEATH — (MONTH) FEBRUARY (DAY) 17 (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) Acute Severe Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 to 2 weeks

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Tumor, large, Rt. Lung, Etiology Unknown unknown.
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Acute Nephrosis — Unknown

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2/14, 1961 TO 2/17, 1961 THAT I LAST SAW THE DECEASED ALIVE ON 2/17, 1961 AND THAT DEATH OCCURRED AT 10 52 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Walter L. Ward Jr. (DEGREE OR TITLE) M.D. — 22B. ADDRESS: Yuma, Arizona — 22C. DATE SIGNED: 2/17/61

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 ☐
25B. DATE: Feb 20, 1961
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.: 2-17-61
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: A. C. Dorsel
27B. ADDRESS: Yuma, Arizona
28A. EMBALMER'S SIGNATURE: A. C. Dorsel
28B. EMBALMER'S CERT. NO.: 364 R

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

15 / CE OF DEATH / AND / AL RESIDENCE 6201 / DECEDENT / ERSONAL DATA / 1 / 1 / 3 / 52 / 1 / 261 / 231 X / CAUSE OF DEATH (ITEM 18) / 6 / 1 / ERATIONS, AUTOPSY / MEDICAL TIFICATION / DEATH DUE TO EXTERNAL VIOLENCE / CORONER'S TIFICATION / FUNERAL DIRECTOR AND EGISTRAR / 2 / D -