PUNCHED VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 2840

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 79

1. PLACE OF DEATH
A. COUNTY: YUMA
B. LENGTH OF STAY — IN THIS TOWN: 42 yrs — IN ARIZONA: 9 yrs
C. CITY OR TOWN: YUMA — [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): Parkview Baptist Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: YUMA
C. CITY OR TOWN: YUMA — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 636 10th Avenue
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): RICHARD
B. (MIDDLE): BAYARD
C. (LAST): ZAHNISER

4. SEX: M
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mary K. Zahniser
7. DATE OF BIRTH — MONTH: Apr — DAY: 17 — YEAR: 1910
8. AGE (IN YEARS LAST BIRTHDAY): 50 — 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): Engineer
9B. KIND OF BUSINESS OR INDUSTRY: U.S. Army
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Pennsylvania
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): W.W.II
13. SOCIAL SECURITY NO.: 167-01-3176
14A. FATHER'S NAME: HARRY BELL ZAHNISER
14B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania
15A. MOTHER'S MAIDEN NAME: ROSE BAYARD
15B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania
16. INFORMANT'S SIGNATURE: Mary K. Zahniser — ADDRESS:
17. DATE OF DEATH — (MONTH): March — (DAY): 22 — (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) MYOCARDIAL INFARCT — RECURRENT — SEVERE — INTERVAL BETWEEN ONSET AND DEATH: 4 WEEKS — 2 HRS
DUE TO (B) CORONARY THROMBOSIS — RECURRENT — 4 YRS.
DUE TO (C) ATHEROSCLEROSIS — 15 YRS +

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

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 MAY, 1957 TO MARCH 21, 61, THAT I LAST SAW THE DECEASED ALIVE ON 21 MARCH, 1961, AND THAT DEATH OCCURRED AT 10:50 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Lucius V. Pope M.D.
22B. ADDRESS: Yuma Ariz.
22C. DATE SIGNED: 3-23-61

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: March 30, 1961
25C. NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Arlington, Va.
26A. DATE REC. BY LOCAL REG.: 3-27-61
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: Ray E Bower
27B. ADDRESS: Yuma Ariz
28A. EMBALMER'S SIGNATURE: Ray E Bower
28B. EMBALMER'S CERT. NO.: 168 A

FORM VS-2 REV. 3-15-55 — 1 — 15M AMPCO 32567

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