

CERTIFICATE OF DEATH

REGISTRAR'S NO. *7145*

PUNCHED
VERIFIED
75 05
AGE OF DEATH
33 AND 33
AL RESIDENCE
0407

1. PLACE OF DEATH A. COUNTY Graham		B. LENGTH OF STAY IN THIS TOWN Life IN ARIZONA Life		2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Graham	
C. CITY OR TOWN Safford		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Safford <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Safford Inn Hospital (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 117 13th St.	
3. NAME OF DECEASED A. (FIRST) KAY B. (MIDDLE) C. (LAST) FYFFE			4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married
6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH 7 DAY 7 YEAR 1944	8. AGE (IN YEARS LAST BIRTHDAY) 16	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
9B. KIND OF BUSINESS OR INDUSTRY Student		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	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 NONE
14A. FATHER'S NAME Charles Merdia Fyffe		14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky	15A. MOTHER'S MAIDEN NAME Nina Tanner		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona
16. INFORMANT'S SIGNATURE				17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 26, 1961	

PRECEDENT *2*
PERSONAL DATA *116*
561

8164
CAUSE OF DEATH
ITEM 18

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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Laceration of Brain DUE TO (B) Head Injury DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 4 hrs
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

OPERATIONS
AUTOPSY

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5/25/61 19__ TO 5/26/61 19__ THAT I LAST SAW THE DECEASED ALIVE ON 5/26/61 19__ AND THAT DEATH OCCURRED AT 2:30 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE (DEGREE OR TITLE) J. Lopez MD		22B. ADDRESS 503 5th Ave Safford, Ariz	
22C. DATE SIGNED 6/6/61		23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) Accident	
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 1st Avenue		23C. (CITY OR TOWN) (COUNTY) (STATE) Safford, Arizona	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 5 25 61 1038		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
23F. HOW DID INJURY OCCUR? Auto Accident		24A. CORONER'S SIGNATURE W. E. Clifford	
24B. ADDRESS Safford Arizona		24C. DATE SIGNED 6-6-61	

DEATH DUE TO EXTERNAL VIOLENCE

DRONER'S CERTIFICATION

25A. BURIAL OR CREMATION <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE May 29, 1961		25C. NAME OF CEMETERY OR CREMATORY Resthaven Memorial Park Cemetery Safford, Arizona	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford, Arizona		26A. DATE REC. BY LOCAL REG. June 6 1961		26B. REGISTRAR'S SIGNATURE John H. Lopez	
27A. FUNERAL DIRECTOR'S SIGNATURE Rogert David		27B. ADDRESS Safford, Arizona		28A. EMBALMER'S SIGNATURE Arizona Rogert David	
28B. EMBALMER'S CERT. NO. 369-A		FORM VS-2 REV. 3-18-55		15M APPROV 52287	

FUNERAL DIRECTOR AND REGISTRAR