

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

2868

CERTIFICATE OF DEATH

REGISTRAR'S NO. #42

PLACE OF DEATH COUNTY Graham	BIRTH NO.		B. LENGTH OF STAY IN THIS TOWN 3 Hrs. Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
	C. CITY OR TOWN Safford		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Highway Death		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS		B. COUNTY Graham	
	E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (TYPE OR PRINT) Alberta Faye Bigler			A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX Female
6B. NAME OF SPOUSE None			7. DATE OF BIRTH MONTH DAY YEAR 6 29 61		5. COLOR OR RACE White	
8B. KIND OF BUSINESS OR INDUSTRY Student		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U. S. A.		8A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO		13. SOCIAL SECURITY NO. None		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) None		
14A. FATHER'S NAME Zane Elmer Bigler		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Ruby Mae Baker		15B. BIRTHPLACE (STATE OR COUNTRY) Wyoming
16. INFORMANT'S SIGNATURE			ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 25 61	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) Cervical spinal injury DUE TO (B) Auto accident, also head and chest trauma DUE TO (C) and chest trauma		INTERVAL BETWEEN ONSET AND DEATH Indeterminate
PLACE DISEASE CONTRACTED.		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____ TO _____, 19____, 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 <i>Bruce N. Curtis M.D.</i>		22B. ADDRESS Safford Arizona		22C. DATE SIGNED 5 June 1961		
23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Highway 666		23C. (CITY OR TOWN) COUNTY STATE Safford Graham Ariz.		
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 5 25 61 10:30 P.M.		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 <i>W. E. Clifford</i>		24B. ADDRESS Safford Arizona		24C. DATE SIGNED 6-6-61		
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE May 29, 1961		25C. NAME OF CEMETERY OR CREMATORY Central Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Central, Arizona
26A. DATE REG. BY LOCAL REG. June 6, 1961		26B. REGISTRAR'S SIGNATURE <i>Clifford H. Lopez</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Robert David</i>		27B. ADDRESS Safford, Arizona
26A. EMBALMER'S SIGNATURE <i>Robert David</i>		26B. EMBALMER'S CERT. NO. 369-A				