PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 6543

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: YUMA
B. LENGTH OF STAY: IN THIS TOWN 1 yr; IN ARIZONA 1 yr
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): 143 Fourth Street

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): 143 Fourth St
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) RICHARD B. (MIDDLE) KELLY C. (LAST) AVILA
4. SEX: Male
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH July DAY 5 YEAR 1960
8. AGE (IN YEARS LAST BIRTHDAY): 1 yr — 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): Child
9B. KIND OF BUSINESS OR INDUSTRY: Home
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.: None
14A. FATHER'S NAME: ROBERT AVILA
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: CLAUDIA COOK
15B. BIRTHPLACE (STATE OR COUNTRY): Louisiana
16. INFORMANT'S SIGNATURE: Robert Avila ADDRESS: Yuma, Ariz.
17. DATE OF DEATH (MONTH) July (DAY) 12 (YEAR) 1961

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, 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) Suffocation due to
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) aspiration of a
DUE TO (C) marshmallow.

INTERVAL BETWEEN ONSET AND DEATH: few minutes

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

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____, 19__ TO 12 July, 1961 THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__ AND THAT DEATH OCCURRED AT 5:29 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John F. Stanley (DEGREE OR TITLE) M.D.
22B. ADDRESS: Yuma, Arizona
22C. DATE SIGNED

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.): Home
23C. (CITY OR TOWN) (COUNTY) (STATE): Yuma, Yuma, Ariz.
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 7, 12, 61 5:30 PM
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: Osel G. Byrd CORONER
24B. ADDRESS: Yuma - Arizona
24C. DATE SIGNED: 7-13-61

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: July 14, 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.: 7-14-61
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: A. E. Dorbat
27B. ADDRESS:
28A. EMBALMER'S SIGNATURE: Ray E. Bower
28B. EMBALMER'S CERT. NO.: 168A

FORM VS-2 REV. 3-18-55 15M AMPCO 32567