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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8255

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 236

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH — A. COUNTY: YUMA — B. LENGTH OF STAY: IN THIS TOWN 39 YRS; IN ARIZONA 42 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): 152 No. 12th Avenue

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): 152 No 12th Ave — E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) VAN — B. (MIDDLE) HAROLD — C. (LAST) ADAMS
4. SEX: M
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: JANE ADAMS
7. DATE OF BIRTH — MONTH: May — DAY: 31 — YEAR: 1910
8. AGE (IN YEARS LAST BIRTHDAY): 51 — 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): Glazier-Unholsterer
9B. KIND OF BUSINESS OR INDUSTRY: Self Employed
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ARKANSAS
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.: 526-09-6048
14A. FATHER'S NAME: GARLAND E. ADAMS
14B. BIRTHPLACE (STATE OR COUNTRY): ARKANSAS
15A. MOTHER'S MAIDEN NAME: MARY E. BRILL
15B. BIRTHPLACE (STATE OR COUNTRY): ARKANSAS
16. INFORMANT'S SIGNATURE: Jane Adams — ADDRESS: 152 No 12th Ave., Yuma, Arizona
17. DATE OF DEATH — (MONTH) SEPTEMBER — (DAY) 22 — (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) Coronary occlusion, severe — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Diabetes Mellitus — 5 yrs.
DUE TO (C) Arteriosclerosis — 3 yrs.

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 22 Sept. 19 61 TO 22 Sept. 19 61 THAT I LAST SAW THE DECEASED ALIVE ON 22 Sept. 19 61 AND THAT DEATH OCCURRED AT ____ 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: 25 Sept. 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: Sept 26, 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.: 9-26-61
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

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