ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 10078

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 262

1. PLACE OF DEATH — A. COUNTY: YUMA — B. LENGTH OF STAY: IN THIS TOWN: 6 mos; IN ARIZONA: 40 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): Yuma County Nursing Home

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): 225 22nd Place — E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): EDYTHE — B. (MIDDLE): J. — C. (LAST): WIGGINS

4. SEX: F. — 5. COLOR OR RACE: CAUCASIAN — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED

6B. NAME OF SPOUSE: — 7. DATE OF BIRTH: MONTH July, DAY 6, YEAR 1895 — 8. AGE (IN YEARS LAST BIRTHDAY): 66 — 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): Housewife

9B. KIND OF BUSINESS OR INDUSTRY: Home — 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas — 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: S. B. CARR — 14B. BIRTHPLACE (STATE OR COUNTRY): NEBRASKA — 15A. MOTHER'S MAIDEN NAME: MARY E. DEWEY — 15B. BIRTHPLACE (STATE OR COUNTRY): Nebraska

16. INFORMANT'S SIGNATURE: Renee Mansfield — ADDRESS: Yuma, Ariz — 17. DATE OF DEATH: (MONTH) November (DAY) 1o (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) Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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

DUE TO (B) Portal Cirrhosis — 4-5 Mos.

DUE TO (C) Arteriosclerotic Cardiovascular disease - Unknown

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Nephrosis — 3 to 4 years

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10/13, 1961 TO 11/10, 1961 THAT I LAST SAW THE DECEASED ALIVE ON 11/10, 1961 AND THAT DEATH OCCURRED AT 7:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Walter L. Beard Jr. M.D. — 22B. ADDRESS: Yuma, Arizona — 22C. DATE SIGNED: 11/10/61

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT (SPECIFY) / SUICIDE / HOMICIDE / NATURAL CAUSE — 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?

24A. CORONER'S SIGNATURE: — 24B. ADDRESS: — 24C. DATE SIGNED:

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐ — 25B. DATE: Nov 11, 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.: 11-11-61 — 26B. REGISTRAR'S SIGNATURE: Marie Nelson — 27A. FUNERAL DIRECTOR'S SIGNATURE: A. G. Dodd — 27B. ADDRESS: Yuma, Arizona

28A. EMBALMER'S SIGNATURE: A. G. Dodd — 28B. EMBALMER'S CERT. NO.: 384R

FORM VS-2 REV. 3-15-55 15M AMPCO 32507

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E OF DEATH AND L RESIDENCE 6201 — ECEDENT ERSONAL DATA — CAUSE OF DEATH (ITEM 18) — ERATIONS UTOPSY — MEDICAL TIFICATION — DEATH DUE TO EXTERNAL VIOLENCE — ORONER'S TIFICATION — UNERAL IRECTOR AND EGISTRAR