PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1067

# CERTIFICATE OF DEATH

REGISTRAR'S NO. 18

BIRTH NO.

**CE OF DEATH AND AL RESIDENCE**

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY — IN THIS TOWN: 13 yrs; IN ARIZONA: 16 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): Parkview Baptist Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Wellton — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 394
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

**DECEDENT PERSONAL DATA**

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): Graham B. (MIDDLE): * C. (LAST): * Aikman
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Martha Aikman
7. DATE OF BIRTH — MONTH: 2 DAY: 21 YEAR: 1905
8. AGE (IN YEARS LAST BIRTHDAY): 56 — 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): Tech. Interviewer
9B. KIND OF BUSINESS OR INDUSTRY: Ariz. Empl.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO. 340-07-8022
14A. FATHER'S NAME: Walter V. Aikman
14B. BIRTHPLACE (STATE OR COUNTRY): Louisiana
15A. MOTHER'S MAIDEN NAME: Minnie Billington
15B. BIRTHPLACE (STATE OR COUNTRY): Illinois
16. INFORMANT'S SIGNATURE: Martha Aikman — ADDRESS: Box 394
17. DATE OF DEATH (MONTH) (DAY) (YEAR): January 23, 1962

**CAUSE OF DEATH (ITEM 18)** #221

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: Wellton, Ariz.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) MYOCARDIAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
DUE TO (B) CHRONIC-RECURRENT ARTERIOSCLEROTIC — 1 DAY
DUE TO (C) CARDIOVASCULAR DISEASE — YEARS

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

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** 2646

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM DEC, 19 61 TO 1/23, 19 62, THAT I LAST SAW THE DECEASED ALIVE ON 23 JAN, 19 62 AND THAT DEATH OCCURRED AT 8:40 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: James V. Lyle Jr. (DEGREE OR TITLE) M.D.
22B. ADDRESS: 1801 6th Avenue, Yuma
22C. DATE SIGNED: 1/24/62

**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: 1/29/62
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
26A. DATE REC. BY LOCAL REG.: 1-26-62
26B. REGISTRAR'S SIGNATURE: Maurice Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: Ray Dixon-Yuma Mortuary
27B. ADDRESS: 551 16th St,
28A. EMBALMER'S SIGNATURE: Ray Dixon
28B. EMBALMER'S CERT. NO. 388

FORM VS-2 REV. 8-15-55 1 15M AMPCO 32567