ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3068

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 26

CE OF DEATH AND L RESIDENCE

1. PLACE OF DEATH
A. COUNTY: YUMA
B. LENGTH OF STAY: IN THIS TOWN 42 yrs; IN ARIZONA 42 yrs
C. CITY OR TOWN: YUMA — XX 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: Yuma — X IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 150 Catalina Dr.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

ECEDENT ERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JAMES B. (MIDDLE) R. C. (LAST) HAMMERS, Sr.
4. SEX: Male
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Lillian Hammers
7. DATE OF BIRTH: MONTH Oct DAY 10 YEAR 1886
8. AGE (IN YEARS LAST BIRTHDAY): 75 — 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): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Farm
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois
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.: 346-26-8174
14A. FATHER'S NAME: JOSEPH HAMMERS
14B. BIRTHPLACE (STATE OR COUNTRY): Illinois
15A. MOTHER'S MAIDEN NAME: ELEANOR BAILEY
15B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania
16. INFORMANT'S SIGNATURE: Lewis A. Hammers — ADDRESS: 150 Catalina Dr. Yuma, Arizona
17. DATE OF DEATH: (MONTH) March (DAY) 26 (YEAR) 1962

CAUSE OF DEATH (ITEM 18)

331 X
0

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) Cerebrovascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — several years
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

ERATIONS, UTOPSY

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

MEDICAL TIFICATION

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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-14, 1959 TO 3-26, 1962 THAT I LAST SAW THE DECEASED ALIVE ON 3-25, 1962 AND THAT DEATH OCCURRED AT 3:10 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Calhoun Browning (DEGREE OR TITLE) M.D.
22B. ADDRESS: Yuma Ariz.
22C. DATE SIGNED: 3-27-62

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?

RONER'S TIFICATION

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

UNERAL IRECTOR AND GISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Mar 29, 1962
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Crematory
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Yuma, Arizona
26A. DATE REC. BY LOCAL REG.: 3-29-1962
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: Al Dordal
27B. ADDRESS: Yuma, Arizona
28A. EMBALMER'S SIGNATURE: Al Dordal
28B. EMBALMER'S CERT. NO.: 3647R

FORM VS-2 REV. 5-9-60 - 30M