1962

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

State File No. 669
Registrar's No. 195

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location (St. & No. (or) Name of Institution) Yuma General
(d) Length of Stay: In Hospital or Institution 1 Day In Community 6 yrs (Specify whether years, months or days) In Arizona 27 yrs
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma (If outside city limits also write RURAL)
(d) Street No. 224 Madison Avenue (e) Citizen of foreign country (Yes or No) No If Yes, which country
(b) If veteran name war (c) Social Security No. —
3. (a) FULL NAME Ermaleen Hambrick Etier

4. Sex: Female
5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]
6. (a) Single, married, widowed or divorced: Married
6. (b) Name of husband or wife: Lloyd W. Etier
6. (c) Age of husband or wife, if alive: 29 yrs.
7. Birthdate of deceased: May (Month) 15 (Day) 1920 (Year)
8. AGE: Years 27 Months 7 Days 12 If less than one day hrs. min.
9. Birthplace: Miami (City, town or county) Arizona (State or Country)
10. Usual Occupation: hwfe
11. Industry or Business: home
Father 12. Name: John Frank Hambrick
Father 13. Birthplace: Houston (City, town or county) Texas (State or Country)
Mother 14. Maiden Name: Mary Lavera Dodge
Mother 15. Birthplace: Pima (City, town or county) Arizona (State or Country)
16. (a) Informant's own signature: L W Etier
(b) Address: 224 Madison Ave Yuma Ariz.
17. (a) Burial, Cremation or Removal: Burial
(b) Place: Desert Lawn Yuma, Arizona (c) Date 12-30- 1947
18. (a) Embalmer's Signature: O C Johnson
(b) Funeral Director: The Johnson Cortuary
(c) Address: Fox 310 Yuma, Arizona
19. (a) 12-30-47 (Date received Local Registrar)
(b) Mary A. Huffersman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 27 19 47
TIME (Hour and minute) 10:30 A.M.
21. I hereby certify that I attended the deceased from July 1, 19 47 to 27 Dec. 19 47; that I last saw he alive on 27 Dec. 19 47; and that death occurred on the date and hour stated above.
Immediate cause of death: Pulmonary embolism — DURATION 27 Dec. '47
Due to: — 27 Dec. '47
Due to: Caesarian Section
Other conditions: Pregnancy at term (Include pregnancy within three months of death)
Major findings: Of operations:
Of autopsy:
PHYSICIAN: Underline the cause to which death should be charged statistically
22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: John T. Stanley M. D.
Address: Yuma, Arizona Date signed 30 Dec. '47

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