

2135

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1212

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 26

03 03
14
0301
5

PRECEDENT
PERSONAL
DATA 155
349

CAUSE
OF
DEATH
ITEM 18)

OPERATIONS,
AUTOPSY
DEATH
DUE TO
EXTERNAL
FORCE

MEDICAL
CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY <i>Cocconino</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <i>Arizona</i> B. COUNTY <i>Cocconino</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Flagstaff</i>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>15 yrs 15 mos</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Flagstaff Hospital</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Camp Townsend</i>	
3. NAME OF DECEASED A. (FIRST) <i>Rose</i> B. (MIDDLE) <i>Lee</i> C. (LAST) <i>Howard</i>			4. SEX <i>Fem</i>
5. COLOR OR RACE <i>White</i>			
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Mar</i> DAY <i>11</i> YEAR <i>1894</i>	
8. AGE YEARS <i>55</i> MONTHS <i>0</i> DAYS <i>7</i>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Housewife</i>	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Texas</i>	
11. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>	
13. SOCIAL SECURITY NO. <i>Unknown</i>		14A. FATHER'S NAME <i>William Hall</i>	
14B. BIRTHPLACE (STATE OR COUNTRY) <i>Texas</i>		15A. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15B. BIRTHPLACE (STATE OR COUNTRY) <i>Unknown</i>		16. INFORMANT'S SIGNATURE <i>Claude G. Cole</i> ADDRESS <i>Flagstaff</i>	
17. DATE OF DEATH (MONTH) <i>MARCH</i> (DAY) <i>15</i> (YEAR) <i>1949</i>			
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 CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Ruptured gall bladder</i> INTERVAL BETWEEN ONSET AND DEATH <i>March 10-49</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. _____	
19A. DATE OF OPERATION <i>March 11-49</i>		19B. MAJOR FINDINGS OF OPERATION <i>Ruptured gall bladder</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21C. (CITY OR TOWN) (COUNTY) (STATE)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	
21E. INJURY OCCURRED M WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>March 11, 1949</i> TO <i>March 15, 1949</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>March 15, 1949</i> AND THAT DEATH OCCURRED AT <i>7 a.m.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <i>Obasch Schubert M.D.</i>		23B. ADDRESS <i>Flagstaff, Ariz</i>	
23C. DATE SIGNED <i>Mar 15 1949</i>			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Mar 17, 1949</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Citizens Cemetery</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Flagstaff Arizona</i>	
25A. DATE REC'D BY LOCAL REG. <i>3-21-49</i>		25B. REGISTRAR'S SIGNATURE <i>Gertrude Schmidt</i>	
26. FUNERAL DIRECTOR'S SIGNATURE <i>W. L. Kington</i>		ADDRESS <i>Flagstaff Ariz</i>	