

420

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

15
76
1
159
7
4/20/1
1
0
81
2
1
5
81
AR

1. PLACE OF DEATH A. COUNTY <u>Yuma</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>ARIZONA</u> B. COUNTY <u>Yuma</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Yuma</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Yuma rural</u>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>20 yrs 20 yrs</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>303 19th St</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>957-4th Ave Yuma</u>			
3. NAME OF DECEASED A. (FIRST) <u>William</u> B. (MIDDLE) <u>Henry</u> C. (LAST) <u>Bunyard</u>			4. SEX <u>male</u>
5. COLOR OR RACE <u>white</u>			
6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>May</u> DAY <u>5</u> YEAR <u>1890</u>	
8. AGE YEARS <u>59</u> MONTHS <u>2</u> DAYS <u>24</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Barber</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Miss.</u>	
11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>	
13. SOCIAL SECURITY NO. <u>no</u>			
14A. FATHER'S NAME <u>William H. Bunyard</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>unk</u>	
15A. MOTHER'S MAIDEN NAME <u>unk</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>unk</u>	
16. INFORMANT'S SIGNATURE <u>Leona Bunyard</u>		17. DATE OF DEATH (MONTH) <u>July</u> (DAY) <u>23</u> (YEAR) <u>1949</u>	
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>History of chest pains for several days, not thought serious</u> 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		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		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 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 <u>never</u> 19 <u> </u> TO <u> </u> 19 <u> </u> THAT I LAST SAW THE DECEASED ALIVE ON <u> </u> AND THAT DEATH OCCURRED <u>4 PM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>R. H. Lutes, Coroner</u>		23B. ADDRESS <u>Yuma, Ariz.</u>	
23C. DATE SIGNED <u>7-29-49</u>			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>7-30-49</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Desert Lawn Memorial Park</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Yuma, Arizona</u>	
25A. DATE REC'D BY LOCAL REG. <u>7-29-49</u>		25B. REGISTRAR'S SIGNATURE <u>Mary A. Whippleman</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>R E Johnson</u>		26. ADDRESS <u>Yuma Ariz</u>	
27. EMBALMER'S SIGNATURE <u>R E Johnson</u>		CERT. NO. <u>246A</u>	