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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5191

CERTIFICATE OF DEATH

REGISTRAR'S NO. 93

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BIRTH NO. \_\_\_\_\_

1. PLACE OF DEATH  
A. COUNTY MOHAVE  
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) KINGMAN  
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 25 min 25 min  
D. FULL NAME OF HOSPITAL OR INSTITUTION Mohave General

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION.)  
A. STATE ARIZONA B. COUNTY MOHAVE  
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) KINGMAN  
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) \_\_\_\_\_

3. NAME OF DECEASED  
A. (FIRST) BABY B. (MIDDLE) \_\_\_\_\_ C. (LAST) GARDNER  
4. SEX FEMALE 5. COLOR OR RACE WHITE

6. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
7. DATE OF BIRTH MONTH 10 DAY 25 YEAR 1949  
8. AGE YEARS MONTHS DAYS  
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) \_\_\_\_\_  
9B. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ariz  
11. CITIZEN OF WHAT COUNTRY? U.S.  
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no  
13. SOCIAL SECURITY NO. no  
14A. FATHER'S NAME JOHNNIE W. GARDNER  
14B. BIRTHPLACE (STATE OR COUNTRY) TEXAS  
15A. MOTHER'S MAIDEN NAME WILMA STEED  
15B. BIRTHPLACE (STATE OR COUNTRY) ARKANSAS  
16. INFORMANT'S SIGNATURE John W. Gardner ADDRESS Gen. Del. Kingman  
17. DATE OF DEATH (MONTH) (DAY) (YEAR) Oct 25, 1949

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 CONTRACTED.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH\* (a) Premature Birth  
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 \_\_\_\_\_ 19B. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21F. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-25, 1949 TO 10-25, 1949. THAT I LAST SAW THE DECEASED ALIVE ON 10-25, 1949 AND THAT DEATH OCCURRED AT 11:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Donald H. Victor, M.D. (DEGREE OR TITLE) 23B. ADDRESS Kingman, Arizona 23C. DATE SIGNED Oct. 26, 1949

24A. BURIAL  CREMATION  REMOVAL  24B. DATE 10-26-49 24C. NAME OF CEMETERY OR CREMATORY Mountain View 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Kingman Ariz

25A. DATE REC'D BY LOCAL REG. 10-26-49 25B. REGISTRAR'S SIGNATURE Stacy M. Miller 26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Van Master Mortuary Kingman Ariz