

727

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 5710
CERTIFICATE OF DEATH

STATE FILE NO. 6650

BIRTH NO. 6013

REGISTRAR'S NO. 187

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1. PLACE OF DEATH A. COUNTY Yuma		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Yuma	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Yuma, rural		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA day life	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Yuma General Hospital			
3. NAME OF DECEASED A. (FIRST) ADELATDA B. (MIDDLE) C. (LAST) BEDOYA		4. SEX Female	
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR April 24 1949	
8. AGE YEARS MONTHS DAYS 7 16		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). child	
9B. KIND OF BUSINESS OR INDUSTRY home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	
11. CITIZEN OF WHAT COUNTRY? USA		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 Albert Bedoya	
14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Francisca Ozuna	
15B. BIRTHPLACE (STATE OR COUNTRY) Mexico		16. INFORMANT'S SIGNATURE Albert Bedoya ADDRESS Yuma, Arizona	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 10 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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Enterocolitis, acute		14 days	
3. OTHER SIGNIFICANT 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 checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM December 10 1949 TO December 10 1949 AND THAT DEATH OCCURRED AT 11:55 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE A. J. Podalsky M.D.		23B. ADDRESS Yuma, Arizona	
23C. DATE SIGNED 12-12-49			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 12-12-49	
24C. NAME OF CEMETERY OR CREMATORY Yuma Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona	
25A. DATE REC'D BY LOCAL REG. 12-12-49		25B. REGISTRAR'S SIGNATURE Mary A. Kufferman	
26. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary By O. Johnson		27. EMBALMER'S SIGNATURE O. Johnson	
ADDRESS Yuma, Ariz		CERT. NO. 19A	