

CERTIFICATE OF DEATH

REGISTRAR'S NO.

PUNCHED

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY YUMA		B. LENGTH OF STAY IN THIS TOWN 19 yrs IN ARIZONA 19 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA B. COUNTY YUMA			
	C. CITY OR TOWN YUMA		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Yuma <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION Yuma County Nursing Home				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS Shady Acres Trailer Gas E. IS RESIDENCE ON A FARM? <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ETHEL B. (MIDDLE) B. C. (LAST) HARTER			4. SEX F	5. COLOR OR RACE CAUCASIAN		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
	6B. NAME OF SPOUSE		7. DATE OF BIRTH (MONTH DAY YEAR) Dec 19 1893	8. AGE (IN YEARS LAST BIRTHDAY) 69	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife	
	9B. KIND OF BUSINESS OR INDUSTRY Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	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 Karshener		14B. BIRTHPLACE (STATE OR COUNTRY) Ohio		15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown	
	16. INFORMANT'S SIGNATURE San Luis Obispo, Calif. <i>Wm. Dorothy J. Ford</i>				17. DATE OF DEATH (MONTH DAY YEAR) December 12 1963			
CAUSE OF DEATH (ITEM 18)	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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerotic Cardiovascular Disease, DUE TO (C) Diabetes Mellitus				INTERVAL BETWEEN ONSET AND DEATH 3-4 weeks Unknown Many years	
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9/8/61 TO 12/12/63 , THAT I LAST SAW THE DECEASED ALIVE ON 12/12/63 , AND THAT DEATH OCCURRED AT 4:30 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE (DEGREE OR TITLE) <i>Walter S. Beard Jr. M.D.</i>				22B. ADDRESS Yuma, Arizona		22C. DATE SIGNED 12/12/63	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. CITY OR TOWN (COUNTY) (STATE) Yuma, Arizona			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Dec 14, 1963		25C. NAME OF CEMETERY OR CREMATORY Yuma Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Yuma, Arizona	
	26A. DATE REC. BY LOCAL REG. 12-14-1963		26B. REGISTRAR'S SIGNATURE <i>Marie Nelson</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Al Dorkal</i>		27B. ADDRESS Yuma, Arizona	
28A. EMBALMER'S SIGNATURE <i>Al Dorkal</i>						28B. EMBALMER'S CERT. NO. 364 r		