ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2920

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Gila
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Winkelman
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA): 13 years 13 years
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION):

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Gila
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Winkelman, Arizona
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Susie
B. (MIDDLE): Dena
C. (LAST): Morrison

4. SEX: Female
5. COLOR OR RACE: White

6. MARRIED X / NEVER MARRIED / WIDOWED / DIVORCED
7. DATE OF BIRTH MONTH: Jan. DAY: 18 YEAR: 1892
8. AGE YEARS: 58 MONTHS: 4 DAYS: 23
IF UNDER 24 HOURS: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): House Wife
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kentucky
11. CITIZEN OF WHAT COUNTRY?: U.S.A
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No
(IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: None

14A. FATHER'S NAME: Sam Powell
14B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
15A. MOTHER'S MAIDEN NAME: Zora Edmunson
15B. BIRTHPLACE (STATE OR COUNTRY): Tenn.

16. INFORMANT'S SIGNATURE: Matt A. Morrison
ADDRESS: Winkelman, Ariz.
17. DATE OF DEATH (MONTH) June (DAY) 10 (YEAR) 1950

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Ten Years

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Arteriosclerosis — Ten Years
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: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): No
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
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 1940, 19__ TO June 9, 1950 THAT I LAST SAW THE DECEASED ALIVE ON June 9, 1950 AND THAT DEATH OCCURRED AT 1:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE Charles Shutts M.D. (DEGREE OR TITLE)
23B. ADDRESS: Hayden, Arizona.
23C. DATE SIGNED:

24A. BURIAL ☒ / CREMATION ☐ / REMOVAL ☐
24B. DATE: June 13-1950
24C. NAME OF CEMETERY OR CREMATORY: Mountain View
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Winkelman, Ariz.
25A. DATE REC'D BY LOCAL REG.: 6-12-50
25B. REGISTRAR'S SIGNATURE: John J. Roberts
26. FUNERAL DIRECTOR'S SIGNATURE: P. C. Hutton
ADDRESS: Carl or Dawes
27. EMBALMER'S SIGNATURE: George F. Dyer
CERT. NO.: 163

FORM VS 2 REV. 4-49 15M