

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3431

CERTIFICATE OF DEATH

REGISTRAR'S NO. 55

|  |   |  |  |   |                                    |
|--|---|--|--|---|------------------------------------|
| 05-05<br>OF DEATH<br>41<br>AND<br>RESIDENCE<br>5 | 1. PLACE OF DEATH<br>A. COUNTY <u>Graham</u>  |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).<br>A. STATE <u>Ariz</u> B. COUNTY <u>Graham</u>   |   |                                    |
|  | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Thatcher Rural</u>  | C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>5 yrs, 70</u>  | C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Thatcher</u>   |   |                                    |
|  | D. FULL NAME OF HOSPITAL OR INSTITUTION   |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>✓</u>   |   |                                    |
| IDENT<br>SONAL<br>ATA 189<br>6<br>750            | 3. NAME OF DECEASED<br>A. (FIRST) <u>CATHERINE</u> B. (MIDDLE) <u>R</u> C. (LAST) <u>PACE</u>   |  |  | 4. SEX <u>FM.</u>   | 5. COLOR OR RACE <u>W.</u>         |
|  | 6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>  | 7. DATE OF BIRTH<br>MONTH <u>Sept</u> DAY <u>15</u> YEAR <u>1960</u>                                   | 8. AGE<br>YEARS <u>89</u> MONTHS <u>10</u> DAYS <u>9</u>   | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).                                  | 9B. UNDER 24 HOURS<br>HOURS MIN.   |
|  | 9B. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>   | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>  | 11. CITIZEN OF WHAT COUNTRY? <u>U.S.</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>Richard Rankin</u>  | 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Scotland</u>   | 15A. MOTHER'S MAIDEN NAME <u>Catherine Skow</u>  | 15B. BIRTHPLACE (STATE OR COUNTRY) <u>Scotland</u>  |                                    |
| 16. INFORMANT'S SIGNATURE <u>St. Roy Pace</u>    |   | ADDRESS <u>Cartel New Mexico</u>   |  | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>July 23-50</u>  |                                    |
| 4301<br>CAUSE<br>OF<br>DEATH<br>M 18) 0          | 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).  |  | MEDICAL CERTIFICATION  |   | INTERVAL BETWEEN ONSET AND DEATH   |
|  | *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.<br>PLACE DISEASE CONTACTED.   |  | I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, coronary</u><br>ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Coronary occlusion</u><br>DUE TO (c) _____ |   | <u>years</u><br><u>18 hrs.</u>     |
| OPERATIONS,<br>AUTOPSY                           | 19A. DATE OF OPERATION  | 19B. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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)   |   |                                    |
| METH<br>E TO<br>INTERNAL<br>EVIDENCE             | 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>7/23</u> 19 <u>50</u> TO <u>7/23</u> 19 <u>50</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>7/23</u> 19 <u>50</u> AND THAT DEATH OCCURRED AT <u>16</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE. |  |  |   |                                    |
| MEDICAL<br>EXAMINER'S<br>CERTIFICATION           | 23A. SIGNATURE <u>John W. Mason M.D.</u>  |  | 23B. ADDRESS <u>Safford, Arizona</u>   | 23C. DATE SIGNED <u>7/26/50</u>   |                                    |
|  | 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>   | 24B. DATE <u>7/25/50</u>   | 24C. NAME OF CEMETERY OR CREMATORY <u>Thatcher Cemetery</u>  | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Thatcher Ariz</u>  |                                    |
| GENERAL<br>REMARKS<br>BY<br>REGISTRAR            | 25A. DATE REC'D BY LOCAL REG. <u>July 28, 1950</u>  | 25B. REGISTRAR'S SIGNATURE <u>W. C. Rawson</u>   | 26. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Rawson</u>   | ADDRESS <u>Safford.</u>   |                                    |
|  |   |  | 27. EMBALMER'S SIGNATURE <u>W. C. Rawson</u>   | CERT. NO. <u>116G.</u>  |                                    |