

CERTIFICATE OF DEATH

REGISTRAR'S NO. 54

BIRTH NO.

CE OF DEATH AND AL RESIDENCE 5	1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).	
	A. COUNTY Yuma		A. STATE Arizona B. COUNTY Yuma	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Yuma)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Salome	
	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 2 mos		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) rural house	
D. FULL NAME OF HOSPITAL OR INSTITUTION Yuma General Hospital				

PRECEDENT PERSONAL DATA 182 9 351	3. NAME OF DECEASED (TYPE OR PRINT) ROBERT KEAST			4. SEX Male	5. COLOR OR RACE White
	6. MARRIED NEVER MARRIED WIDOWED DIVORCED		7. DATE OF BIRTH Dec 22 1868		8. AGE YEARS 82 MONTHS 2 DAYS 26
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Carpenter retired		9B. KIND OF BUSINESS OR INDUSTRY Building		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) England
	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. 527-055459
14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Unk		15A. MOTHER'S MAIDEN NAME Unknown	
16. INFORMANT'S SIGNATURE WELFARE OFFICE Yuma, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 18 1951		15B. BIRTHPLACE (STATE OR COUNTRY) Unk	

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. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Arterio sclerosis		DUE TO (b) Myocarditis		1 yr
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				

PERATIONS, AUTOPSY 2	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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DEATH DUE TO EXTERNAL VIOLENCE	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 type="checkbox"/>	21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1 1951 TO Mar 9 1951 THAT I LAST SAW THE DECEASED ALIVE ON Mar 18 1951 AND THAT DEATH OCCURRED AT 10:15A FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE W.C. Cain MD	23B. ADDRESS Yuma, Ariz	23C. DATE SIGNED 3/18/51

FUNERAL DIRECTOR AND REGISTRAR 2	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 3-21-51	24C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park	24D. LOCATION (CITY, TOWN OR COUNTY) (STATE) Yuma, Arizona
	25A. DATE REC'D BY LOCAL REG. 3-21-51	25B. REGISTRAR'S SIGNATURE Marie Nelson	26. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary O. Johnson	27. EMBALMER'S SIGNATURE O. Johnson

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