

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3326 ✓

CERTIFICATE OF DEATH

BIRTH NO. ✓

REGISTRAR'S NO. 480

5-05 DEATH NO 133 RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Graham</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Graham</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Safford</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Central</u>	
	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>3 mos</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) ✓	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Edwards Hospital</u>			

IDENT ONAL ATA 403 51	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Roy</u> B. (MIDDLE) <u>Lynn</u> C. (LAST) <u>Bigler</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>
	6. MARRIED - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>June</u> DAY <u>3</u> YEAR <u>1957</u>		8. AGE YEARS MONTHS DAYS <u>3</u>
	9. KIND OF BUSINESS OR INDUSTRY <u>Safford, Ariz</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>U.S.A.</u>		11. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
14A. FATHER'S NAME <u>Jane Elmer Bigler</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Central, Ariz</u>		15A. MOTHER'S MAIDEN NAME <u>Ruby Mae Baker</u>	
16. INFORMANT'S SIGNATURE <u>Ruby Mae Bigler</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 3 1957</u>		

USE 776X DF ATH 0 M 18) 0	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 CONTACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 months long</u>
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (b) <u>same</u>		
	DUE TO (c)				

ATIONS, OPSY ATH E TO ERNAL ENCE	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) (MIN) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

ICAL RONER'S ICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>3:03 pm</u> 19 <u>57</u> TO <u>6: pm</u> 19 <u>57</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>June 3</u> , 19 <u>57</u> AND THAT DEATH OCCURRED AT <u>6: pm</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE (DEGREE OR TITLE) <u>Jessie W. Edwards M.D.</u>		23B. ADDRESS <u>Safford Ariz</u>		23C. DATE SIGNED <u>6-3-57</u>

IERAL ECTOR 25 ND STRAR 2	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>June 3/57</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Central Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Central, Graham, Ariz</u>
	25A. DATE REC'D BY LOCAL REG. <u>June 9, 1957</u>		25B. REGISTRAR'S SIGNATURE <u>Jessie W. Edwards</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Jane Elmer Bigler</u>	
			27. EMBALMER'S SIGNATURE <u>Roy Lynn Bigler</u>		ADDRESS (FATHER) <u>Central, Ariz</u> CERT. NO.	