Dr. Walker

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5447

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 108

1. PLACE OF DEATH
A. COUNTY: Pinal
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Florence
C. LENGTH OF STAY IN THIS PLACE: 1 day; IN ARIZONA: 18 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pinal General Hospital, Florence

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Jewll B. (MIDDLE) Louice C. (LAST) Ashcraft

4. SEX: Female
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Sept DAY 20 YEAR 1919
8. AGE: YEARS 32 MONTHS 11 DAYS 28
IF UNDER 24 HOURS: HOURS ---- MIN. ----
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: ----------
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
11. CITIZEN OF WHAT COUNTRY? USA
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: Roy Ellis
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Stella Pratt
15B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
16. INFORMANT'S SIGNATURE: William Ashcraft ADDRESS: , Florence, Ariz
17. DATE OF DEATH (MONTH) September (DAY) 18, (YEAR) 1951

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) Pneumonia & Shock — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Ruptured Uterus of Preg.
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: 9/18/51
19B. MAJOR FINDINGS OF OPERATION: Ruptured uterus with torn left uterine artery
20. AUTOPSY? YES ☐ NO ☑

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 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 6/25/51, 19____, TO 9/18/51, 19____, THAT I LAST SAW THE DECEASED ALIVE ON 9/18/51, 19____, AND THAT DEATH OCCURRED AT 4 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): J. P. Walker M.D.
23B. ADDRESS: Coolidge Ariz.
23C. DATE SIGNED: 9/24/51

24A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
24B. DATE: Sept. 22, 1951
24C. NAME OF CEMETERY OR CREMATORY: Valley Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Coolidge, Ariz.
25A. DATE REC'D BY LOCAL REG.: Sept 27-51
25B. REGISTRAR'S SIGNATURE: Josephine Martin Deputy Local Registrar
26. FUNERAL DIRECTOR'S SIGNATURE: Cole & Maud Mortuary ADDRESS: Coolidge, Ariz
27. EMBALMER'S SIGNATURE: Silas G. Smith CERT. NO. 335

FORM VS 2 REV. 8-50 20M