

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **6107**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **390 E**

14 DEATH 32 SIDENCE	1. PLACE OF DEATH A. COUNTY Yavapai			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Yavapai			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Chino Valley			C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Prescott			
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 23 yrs 34 yrs						
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Hatch Farm			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) None				
2 ENT 1 NAL A 170 0 051	3. NAME OF DECEASED (TYPE OR PRINT) Cora May Hatch		4. SEX Female		5. COLOR OR RACE White		
	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH Feb DAY 8 YEAR 1881		8. AGE YEARS 70 MONTHS 8 DAYS 18		
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife		9B. KIND OF BUSINESS OR INDUSTRY Own Home		9C. CITIZEN OF WHAT COUNTRY? U. S. A.		
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		12. SOCIAL SECURITY NO. None			
13. FATHER'S NAME Charles Wm. Merrell		14B. BIRTHPLACE (STATE OR COUNTRY) Iowa		15A. MOTHER'S MAIDEN NAME Mary Francis Adams			
14A. BIRTHPLACE (STATE OR COUNTRY) Utah		15B. MOTHER'S MAIDEN NAME Mary Francis Adams		15C. BIRTHPLACE (STATE OR COUNTRY) Utah			
16. INFORMANT'S SIGNATURE John A. Hatch, Chino Valley, Arizona			17. DATE OF DEATH (MONTH) (DAY) (YEAR) October 26 1951				
57X SE 0 PH 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 I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas ; with ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. metastasis to lung & liver. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH about 6 mo.	
	19A. DATE OF OPERATION 6-5-51		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas, with obstruction of common bile duct, metastasis			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN 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?			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-19-48 19 8-24-51 19 11-20-51 THAT I LAST SAW THE DECEASED ALIVE ON 8-24-51 19 11-20-51 AND THAT DEATH OCCURRED AT 11:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS M. D. Medical Center, Prescott		23C. DATE SIGNED 10-29-51			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 10/29/51		24C. NAME OF CEMETERY OR CREMATORY Chino Valley Cemetery			
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Chino Valley, Arizona		25A. DATE REC'D BY LOCAL REG. 10/29/51		25B. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
25C. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		25D. EMBALMER'S SIGNATURE <i>[Signature]</i>		25E. ADDRESS Prescott, Arizona			
25F. CERT. NO. 308							