

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **6176**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **86**

DEATH 98 DENCE	1. PLACE OF DEATH A. COUNTY Cochise				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Cochise			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Fry		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 2 yrs 38 yrs		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Fry			
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Home				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)			
IT AL 139 4 (51) 700 8)	3. NAME OF DECEASED (TYPE OR PRINT) Clark Ernest Ingle			4. SEX male	5. COLOR OR RACE white			
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH Sept. DAY 5 YEAR 1912		8. AGE YEARS 39 MONTHS 2 DAYS 17		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Mechanic	
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio		11. CITIZEN OF WHAT COUNTRY? U.S.A		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) yes W.W.II	
	13A. FATHER'S NAME Reuben Ingle		14B. BIRTHPLACE (STATE OR COUNTRY) Ohio		15A. MOTHER'S MAIDEN NAME Mary Sutton		13. SOCIAL SECURITY NO. 283-14-1380	
	16. INFORMANT'S SIGNATURE Dr. M. Ingle - Pearce Ariz.				17. DATE OF DEATH (MONTH) November (DAY) 22 (YEAR) 1951		15B. BIRTHPLACE (STATE OR COUNTRY) Ohio	
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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Asphyxiation ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Carbon Monoxide DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH		
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) accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) home		21C. (CITY OR TOWN) (COUNTY) (STATE) Fry, Cochise, Arizona				
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY Nov. 22-1951 11^a M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Carbon monoxide from gas stove				
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 22 1951 19 51 TO 11 a.m. 19 51 THAT I LAST SAW THE DECEASED AND THAT DEATH OCCURRED AT 11 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
23A. SIGNATURE (DEGREE OR TITLE) John P. Schilling, Esq. Funeral Director Tombstone Ariz				23B. ADDRESS Tombstone Ariz		23C. DATE SIGNED 11/22/51		
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE Nov. 26, 1951		24C. NAME OF CEMETERY OR CREMATORY Galvary cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Cochise, Arizona		
25A. DATE REC'D BY LOCAL REG. 11.24.51		25B. REGISTRAR'S SIGNATURE Margaret J. Maleady		25. FUNERAL DIRECTOR'S SIGNATURE John P. Schilling		26. ADDRESS Bisbee, Arizona		
				27. EMBALMER'S SIGNATURE John P. Schilling		27. ADDRESS Bisbee, Arizona		