

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **6796**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **188**

15 F DEATH ID 51 RESIDENCE	1. PLACE OF DEATH A. COUNTY Yuma			2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Yuma		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Yuma			C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Yuma		
27 IDENT JAN 3 TA 100 8 X51	D. FULL NAME OF HOSPITAL OR INSTITUTION Yuma General Hospital			D. STREET ADDRESS 226 First Ave		
	3. NAME OF DECEASED A. (FIRST) Carmen B. (MIDDLE) C. (LAST) Norton			4. SEX female		5. COLOR OR RACE white
4322 USE F TH 18)	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH Sept DAY 29 YEAR 1843		8. AGE YEARS 108 MONTHS 1 DAYS 28	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). house		9B. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no			
TIONS, OPSY 2 TH TO X RNAL ENCE =	9B. KIND OF BUSINESS OR INDUSTRY home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		11. CITIZEN OF WHAT COUNTRY? USA	
	14A. FATHER'S NAME Miguel Martinez		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME Carmen Ocano	
ICAL ONER'S CATION 1	16. INFORMANT'S SIGNATURE Charles Norton			17. DATE OF DEATH (MONTH) November (DAY) 27 (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, ASTHMA, 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 ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Mycocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
ERAL CTOR ID 93 TRAR 2	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT (SPECIFY) SUICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
23A. SIGNATURE Shawell	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/29/51 19... TO 11/27/51 19... THAT I LAST SAW THE DECEASED ALIVE ON 11/27/51 19... AND THAT DEATH OCCURRED 11-29-51 AT 11-29-51 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			23B. ADDRESS		
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/>			24B. DATE 11-29-51		24C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park	
25A. DATE REC'D BY LOCAL REG. 11-29-51			25B. REGISTRAR'S SIGNATURE Marie Nelson		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma Arizona	
25C. FUNERAL DIRECTOR'S SIGNATURE The Johnson Mortuary			26. FUNERAL DIRECTOR'S SIGNATURE O. Johnson ADDRESS Box 310 Yuma			
25D. EMBALMER'S SIGNATURE O. Johnson			27. EMBALMER'S SIGNATURE O. Johnson CERT. NO. I9A			