ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1489

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 33

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Clemenceau
C. LENGTH OF STAY IN THIS PLACE: 5 yr; IN ARIZONA: 77 yr
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1st st east of Post Office

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: YAVAPAI
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Clemenceau,
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1st st. east of Post Office

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): JOHN
B. (MIDDLE): HENDERSON
C. (LAST): MC MURREN

4. SEX: male
5. COLOR OR RACE: white

6. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☒
7. DATE OF BIRTH MONTH: may DAY: 23 YEAR: 1861
8. AGE YEARS: 88 MONTHS: 8 DAYS: 13
IF UNDER 24 HOURS HOURS: — MIN.: —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Carpenter
9B. KIND OF BUSINESS OR INDUSTRY: Construction
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oregon
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): None
13. SOCIAL SECURITY NO.: Notknown
14A. FATHER'S NAME: Thomas McMurren
14B. BIRTHPLACE (STATE OR COUNTRY): Oregon
15A. MOTHER'S MAIDEN NAME: unknown McCurren
15B. BIRTHPLACE (STATE OR COUNTRY): Oregon
16. INFORMANT'S SIGNATURE: L Elmer
ADDRESS: Kingman, Ariz
17. DATE OF DEATH (MONTH): 2 (DAY): 5 (YEAR): 1953

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Inanition, Dehydration, Gangrene part of right foot

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): NONE
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): NONE
21C. (CITY OR TOWN) (COUNTY) (STATE): NONE
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M: NONE
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? NONE

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED ~~LAST~~ never ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ THAT I ~~LAST~~ never SAW THE DECEASED ALIVE ~~XXXXXXXXXXXXXXXXXXXXXXXX~~ AND THAT DEATH OCCURRED AT 3:15 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Owen L. Cranmer M. D.
23B. ADDRESS: Cottonwood, Arizona
23C. DATE SIGNED: 2/15/53

24A. BURIAL ☒ **CREMATION** ☐ **REMOVAL** ☐
24B. DATE: 2-8-53
24C. NAME OF CEMETERY OR CREMATORY: Cottonwood Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Cottonwood, Arizona
25A. DATE REC'D BY LOCAL REG.: 2-20-53
25B. REGISTRAR'S SIGNATURE: Deputy Clovien O. Ames
26. FUNERAL DIRECTOR'S SIGNATURE: Howard L. Westcott — ADDRESS: Cottonwood
27. EMBALMER'S SIGNATURE: Howard L. Westcott — CERT. NO. 298-A

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