ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1515

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 25

15 15 PLACE OF DEATH AND USUAL RESIDENCE 8 8 0202

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Yuma, rural
C. LENGTH OF STAY IN THIS PLACE: 1½ yr; IN ARIZONA: 40 yr
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yuma General Hospital

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

DECEDENT PERSONAL DATA 1 2 16 4 2 3

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Hugh B. (MIDDLE) A. C. (LAST) Fulton

4. SEX: Male

5. COLOR OR RACE: White

6. MARITAL STATUS: ☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

7. DATE OF BIRTH: MONTH Sept DAY 4 YEAR 1888

8. AGE: YEARS 64 MONTHS 5 DAYS 3

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): Missouri

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.: 527-05-3699

14A. FATHER'S NAME: Hugh A. Fulton

14B. BIRTHPLACE (STATE OR COUNTRY): Missouri

15A. MOTHER'S MAIDEN NAME: Mary Elizabeth Gault

15B. BIRTHPLACE (STATE OR COUNTRY): Missouri

16. INFORMANT'S SIGNATURE: Homer Henson ADDRESS Yuma Ariz.

17. DATE OF DEATH (MONTH) February (DAY) 7 (YEAR) 1953

CAUSE OF DEATH (ITEM 18) 0 0

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 20

+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) Congestive heart failure, chronic

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) Myocardial infarct

DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Cardiac asthma

INTERVAL BETWEEN ONSET AND DEATH

OPERATIONS, AUTOPSY 4

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

DEATH DUE TO EXTERNAL VIOLENCE 7

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?

MEDICAL OR CORONER'S CERTIFICATION 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6 Feb. 19 53 TO 7 Feb. 19 53 THAT I LAST SAW THE DECEASED ALIVE ON 7 Feb. 19 53 AND THAT DEATH OCCURRED AT 1:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Paul M. Bevos, M.D. (DEGREE OR TITLE)

23B. ADDRESS Yuma Med. Clinic

23C. DATE SIGNED 9 Feb

FUNERAL DIRECTOR AND REGISTRAR 93 2 140

24A. ☐ BURIAL ☐ CREMATION ☐ REMOVAL

24B. DATE 2-8-53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG. 2-8-53

25B. REGISTRAR'S SIGNATURE Marie Nelson

26. FUNERAL DIRECTOR'S SIGNATURE R E Johnson ADDRESS The Johnson Mortuary, Inc. Box 310 Yuma, Arizona

27. EMBALMER'S SIGNATURE R E Johnson CERT. NO. 246A

FORM VS 2 REV. 2ON