ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **2181**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 138

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Prescott
C. LENGTH OF STAY IN THIS PLACE: 24 yrs IN ARIZONA: 24 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Central Cafe, N. Montezuma St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Prescott
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 904 Copper Basin Road

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Margaret B. (MIDDLE): Ann C. (LAST): Gist

4. SEX: F **5. COLOR OR RACE:** W

6. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☒

7. DATE OF BIRTH MONTH: July DAY: 17 YEAR: 1928

8. AGE YEARS: 24 MONTHS: 8 DAYS: 12

IF UNDER 24 HOURS: HOURS: MIN.:

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Waitress

9B. KIND OF BUSINESS OR INDUSTRY: Restaurant

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona

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. 527-28-8072

14A. FATHER'S NAME: Ray L. Bennett, Sr.

14B. BIRTHPLACE (STATE OR COUNTRY): Arizona

15A. MOTHER'S MAIDEN NAME: Nivian S. Coker

15B. BIRTHPLACE (STATE OR COUNTRY): Vigginia

16. INFORMANT'S SIGNATURE ADDRESS: Mrs. Ray L. Bennett, Prescott, Arizona

17. DATE OF DEATH (MONTH): March (DAY): 29 (YEAR): 1953

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 28/X

+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) Gun Shot — INTERVAL BETWEEN ONSET AND DEATH: 1 Minute

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

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

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (SPECIFY): Homicide

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Restaurant

21C. (CITY OR TOWN) (COUNTY) (STATE): Prescott Yavapai Arizona

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 3 29 1953 2 A M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR? Shot in back of head by Randolph Gist

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ———, 19——, TO ———, 19——, THAT I LAST SAW THE DECEASED ~~ALIVE ON~~ ———, ~~19~~——, AND THAT DEATH OCCURRED AT 2 A M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Edw S. Lyman, Coroner

23B. ADDRESS: Prescott, Arizona

23C. DATE SIGNED: 4-6-53

24A. BURIAL ☒ **CREMATION** ☐ **REMOVAL** ☐

24B. DATE: 8 April 1953

24C. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

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

25A. DATE REC'D BY LOCAL REG.: 4/6/53

25B. REGISTRAR'S SIGNATURE: Dixie Purrance Deputy

26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Prescott

27. EMBALMER'S SIGNATURE: The Hampton — CERT. NO. 308

FORM VS 2 REV. 20M