ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2230

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 58

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: 37 yr | IN ARIZONA: 37 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): Somerton
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 109 Capitol Street

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

4. SEX: Female

5. COLOR OR RACE: White

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

7. DATE OF BIRTH: MONTH Oct | DAY 10 | YEAR 1874

8. AGE: YEARS 78 | MONTHS 5 | DAYS 4

IF UNDER 24 HOURS: HOURS | MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas

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.: no

14A. FATHER'S NAME: Jasper Stephen

14B. BIRTHPLACE (STATE OR COUNTRY): Tenn

15A. MOTHER'S MAIDEN NAME: Julia Oliver

15B. BIRTHPLACE (STATE OR COUNTRY): Georgia

16. INFORMANT'S SIGNATURE: P. R. Campbell
ADDRESS: Somerton, Arizona

17. DATE OF DEATH (MONTH) March (DAY) 14 (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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2.6 hours

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Cerebral arteriosclerosis — 5 years.
DUE TO (c) Arterial hypertension — 12 years

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)

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?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 13, 1953 TO March 14, 1953 THAT I LAST SAW THE DECEASED ALIVE ON March 14, 1953 AND THAT DEATH OCCURRED AT 3:43 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: A. L. Padalsky
(DEGREE OR TITLE): M.D.

23B. ADDRESS: Yuma, Arizona

23C. DATE SIGNED: March 14, 1953

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

24B. DATE: 3-17-53

24C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park

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

25A. DATE REC'D BY LOCAL REG.: 3-14-53

25B. REGISTRAR'S SIGNATURE: Marie Nelson

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

27. EMBALMER'S SIGNATURE: R E Johnson

CERT. NO. 246A

FORM VS 2 REV. 8-50 20M