

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF AUTOPSY OR INQUEST
(TO SUPPLEMENT DEATH CERTIFICATE)

STATE FILE NO. **2316**

1. NAME OF DECEASED
ALICE JONES YAZZIE #51579

REGISTRAR'S NO.

3. PLACE OF DEATH
Enroute to Phoenix Memorial Hospital, 7 miles from Globe

2. DATE OF DEATH
April 25, 1953

4. An **Autopsy** having been completed after the filing of the death certificate of the above-named, I hereby supplement or amend the information appearing on the original death certificate.

5. CAUSE OF DEATH
ENTER ONLY ONE CAUSE
PER LINE FOR (A), (B),
(C).

† THIS DOES NOT MEAN
THE MODE OF DYING,
SUCH AS HEART FAIL-
URE, ASTHENIA, ETC.
IT MEANS THE DISEASE
INJURY, OR COMPLICA-
TION WHICH CAUSED
DEATH.

PLACE DISEASE CON-
TRIBUTED.

6A. ACCIDENT
SUICIDE
HOMICIDE

6D. TIME (MONTH) (DAY) (YEAR) (HOUR)
OF INJURY **No** **No** **No** **M**

1. DISEASE OR CONDITIONS
DIRECTLY LEADING TO DEATH* (A)

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE
CAUSE (A) STATING THE UN-
DERLYING CAUSE LAST.

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

6B. PLACE OF INJURY (E. G., IN OR ABOUT HOME,
FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

6E. INJURY OCCURRED
WHILE AT WORK NOT WHILE
AT WORK

6C. (CITY OR TOWN) (COUNTY) (STATE)

MEDICAL CERTIFICATION

INTERVAL BETWEEN
ONSET AND DEATH
Oh KADWAM

7A. SIGNATURE
Edmund Griffiths, MD

(DEGREE OR TITLE)

7B. ADDRESS **Yavapai Med Center Ft. Defiance**
Ariz

7C. DATE SIGNED
5/2/53