ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2878

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 77

PLACE OF DEATH AND USUAL RESIDENCE (15, 15, 86, 86, 0202)

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Yuma
C. LENGTH OF STAY IN THIS PLACE: 36y; IN ARIZONA: 36y
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
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt I Box 815 Yuma, Ariz.

DECEDENT PERSONAL DATA (1, 1, 143, 7)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) OMER B. (MIDDLE) C. (LAST) BELL
4. SEX: male
5. COLOR OR RACE: white
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH May DAY 14 YEAR 1909
8. AGE: YEARS 43 MONTHS ~~11~~ 10 DAYS 18
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
9B. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
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.
14A. FATHER'S NAME: Mariom Bell
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Mary Eliza Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Mrs Audrey Bell ADDRESS: Rt Box 815 Yuma, Ariz
17. DATE OF DEATH (MONTH) April (DAY) 1 (YEAR) 1953

CAUSE OF DEATH (ITEM 18) (453, 0, 0)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 4301
+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 Infarct — INTERVAL BETWEEN ONSET AND DEATH: 27 days
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Hypertension — 1 yr.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonia — 19 days

OPERATIONS, AUTOPSY (2)

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 CORONER'S CERTIFICATION (1)

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 6, 1953 TO April 1, 1953 ALIVE ON April 1, 1953 AND THAT DEATH OCCURRED AT 12:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Philip G. Perkins MD (DEGREE OR TITLE)
23B. ADDRESS: Somerton Arizona
23C. DATE SIGNED: April 3, 1953

FUNERAL DIRECTOR AND REGISTRAR (93, 2, 136)

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 4/3/53
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.: 4-3-53
25B. REGISTRAR'S SIGNATURE: Marie Nelson
26. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary, Inc O. Johnson Pres. ADDRESS: Box 310 Yuma
27. EMBALMER'S SIGNATURE: O. Johnson
CERT. NO. 19A

FORM VS 2 REV. 8-50 20M