ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4057

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 11

PLACE OF DEATH AND USUAL RESIDENCE (14 03 / 9 / 62 / 0302)

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY — IN THIS TOWN: 1 day; IN ARIZONA: 30 years
C. CITY OR TOWN: Cottonwood — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Marcus Lawrence Memorial Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY:
C. CITY OR TOWN: Flagstaff — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

DECEDENT PERSONAL DATA (1 / 1 / 146 / 4 / 63)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) KENNETH B. (MIDDLE) BOYCE C. (LAST) DESPAIN
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH: MONTH June DAY 17 YEAR 1906
8. AGE (IN YEARS LAST BIRTHDAY): 46 — IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Mechanic
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Idaho
11. CITIZEN OF WHAT COUNTRY? U. S. A.
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: Oscar N. Despain
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Lizzie Adella Boyce
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Harold D. Despain — ADDRESS: Bag Dad, Ariz.
17. DATE OF DEATH (MONTH) June (DAY) 2, (YEAR) 1953

CAUSE OF DEATH (ITEM 18) (0 / 0)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 2001
†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) Anaplasia & anemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Lymphosarcoma Stomach
DUE TO (C)

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

OPERATIONS, AUTOPSY (2)

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION: Lymphosarcoma Stomach
20. AUTOPSY? YES [ ] NO [X]

DEATH DUE TO EXTERNAL VIOLENCE (+ / —)

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 6/1, 1953 TO 6/2, 1953 THAT I LAST SAW THE DECEASED ALIVE ON 6/2, 1953 AND THAT DEATH OCCURRED AT 10:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: J. B. Bulkley — (DEGREE OR TITLE) M. D.
23B. ADDRESS: Cottonwood, Ariz.
23C. DATE SIGNED: 6/2/53

FUNERAL DIRECTOR AND REGISTRAR (78 / 2 / 130)

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: June 4, 1953
24C. NAME OF CEMETERY OR CREMATORY: Cottonwood, Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Cottonwood, Arizona
25A. DATE REC'D BY LOCAL REG.: June 10, 1953
25B. REGISTRAR'S SIGNATURE: Alvin C. Fitchett, deputy
26. FUNERAL DIRECTOR'S SIGNATURE: John C. McMillan — ADDRESS: Jerome, Arizona
27. EMBALMER'S SIGNATURE: John C. McMillan — CERT. NO. 270A

FORM VS 2 REV. 4-15-52