ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4741

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 114

PLACE OF DEATH AND USUAL RESIDENCE

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: 41 yrs IN ARIZONA: 41 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 477 Orange Ave., Yuma, Arizona

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): 477 Orange Ave.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): RAY B. (MIDDLE): FERGUSON C. (LAST): HAWVER
4. SEX: M
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH May DAY 12 YEAR 1891
8. AGE: YEARS 62 MONTHS 2 DAYS 2
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Engineers Assistant
9B. KIND OF BUSINESS OR INDUSTRY: U. S. B. R.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kansas
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. 526-12-6180
14A. FATHER'S NAME: Ira Hawver
14B. BIRTHPLACE (STATE OR COUNTRY): Iowa
15A. MOTHER'S MAIDEN NAME: Madeline Harbrough
15B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania
16. INFORMANT'S SIGNATURE: Mrs. Anne Hawver ADDRESS: 477 Orange Ave. Yuma, Ariz.
17. DATE OF DEATH (MONTH) July (DAY) 14 (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

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) _____ 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) Ill Health — Instantly
DUE TO (c)

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

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ (SPECIFY): Suicide
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): at Home
21C. (CITY OR TOWN) Yuma (COUNTY) Yuma (STATE) Arizona
21D. TIME OF INJURY (MONTH) 7 (DAY) 14 (YEAR) 1953 (HOUR) 11 AM
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Self-inflicted

MEDICAL OR CORONER'S CERTIFICATION

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 _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: L. W. Ramey (DEGREE OR TITLE) M.D. CORONER — Ezrel C. Byrd
23B. ADDRESS: 965-4th Ave. 501-First St. Yuma-Ariz.
23C. DATE SIGNED: 7-15-53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☒ REMOVAL ☐
24B. DATE: 7-17-53
24C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Crematory
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Yuma, Arizona
25A. DATE REC'D BY LOCAL REG.: 7-18-53
25B. REGISTRAR'S SIGNATURE: Marie Nelson
26. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary Inc. O. Johnson, Pres. ADDRESS: Box 310 Yuma, Arizona
27. EMBALMER'S SIGNATURE: O. Johnson CERT. NO. 19A

FORM VS 2 REV. 20M