ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 5118

BIRTH NO.

REGISTRAR'S NO. 53

1. PLACE OF DEATH
A. COUNTY: Mohave
B. LENGTH OF STAY — IN THIS TOWN: 55yrs; IN ARIZONA: 55yrs
C. CITY OR TOWN: Kingman — [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): Mohave General Hospital

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

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) B. (MIDDLE) C. (LAST): Salina Elizabeth Templeman

4. SEX: Female

5. COLOR OR RACE: White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

7. DATE OF BIRTH — MONTH: July; DAY: 4; YEAR: 1865

8. AGE (IN YEARS LAST BIRTHDAY): 88 — IF UNDER 1 YEAR: MONTHS: ; DAYS: 0 — IF UNDER 24 HRS.: HOURS: ; MIN.:

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

9B. KIND OF BUSINESS OR INDUSTRY: Housework

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kansas

11. CITIZEN OF WHAT COUNTRY?: U.S.

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.: None

14A. FATHER'S NAME: Peter Davis

14B. BIRTHPLACE (STATE OR COUNTRY): Ky

15A. MOTHER'S MAIDEN NAME: Sarah James

15B. BIRTHPLACE (STATE OR COUNTRY): Unkn

16. INFORMANT'S SIGNATURE: Melville Templeman — **ADDRESS:** Kingman Ariz

17. DATE OF DEATH — MONTH: Aug; DAY: 4; 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) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

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

DUE TO (B) Arteriosclerotic Heart

DUE TO (C) Disease — 3 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 [X]

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 1, 1953, TO Aug 4, 1953, THAT I LAST SAW THE DECEASED ALIVE ON Aug 3, 1953, AND THAT DEATH OCCURRED AT 2:30 a.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Francis M Findlay M.D.

23B. ADDRESS: Kingman Arizona

23C. DATE SIGNED: Aug 5-1953

24A. BURIAL [X] **CREMATION** [ ] **REMOVAL** [ ]

24B. DATE: Aug 6 1953

24C. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Kingman Ariz

25A. DATE REC'D BY LOCAL REG.: 8/6/53

25B. REGISTRAR'S SIGNATURE: Hazel M. Miller

26. FUNERAL DIRECTOR'S SIGNATURE: Floyd F. Clinkenbeard — **ADDRESS:** Kingman

27. EMBALMER'S SIGNATURE: William H. Peck — **CERT. NO.:** 265

FORM VS 2 REV. 4-15-52