

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6056

CERTIFICATE OF DEATH

BIRTH NO. <u>6219</u>		REGISTRAR'S NO. <u>57</u>	
1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
C. CITY OR TOWN <u>Miami</u>		C. CITY OR TOWN <u>Miami</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>3002 Mizona Ave.</u>		D. STREET ADDRESS <u>3002 Mizona Ave.</u> (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED (TYPE OR PRINT) <u>Alma</u>		C. (LAST) <u>Newingham</u>	
4. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Never Married</u>		4. SEX <u>Fem.</u>	
5. DATE OF BIRTH MONTH <u>Apr.</u> DAY <u>1953</u>		5. COLOR OR RACE <u>White</u>	
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Never Married</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Infant</u>	
7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		13. SOCIAL SECURITY NO. <u>None</u>	
9. FATHER'S NAME <u>George Newingham</u>		15A. MOTHER'S MAIDEN NAME <u>Loretta Cooper</u>	
10. INFORMANT'S SIGNATURE <u>Mr. Newingham</u>		17. DATE OF DEATH (MONTH) <u>Oct.</u> (DAY) <u>19,</u> (YEAR) <u>1953</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (FOR A), (B), (C). <u>Strangulation</u>			
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Strangulation</u>			
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. <u>DUE TO (B)</u>			
11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>DUE TO (C)</u>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT SUICIDE HOMICIDE <u>Accident</u>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Residence</u>	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) <u>25 24 22</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <u>Falling from ladder and striking</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>19</u> TO <u>19</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>19</u> AT <u>19</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>R.S. Newman M.D.</u>		23B. ADDRESS <u>Miami Ave.</u>	
23C. DATE SIGNED <u>9-20-53</u>		24. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona.</u>	
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/>		24B. DATE <u>Oct. 20, 1953</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona.</u>	
25A. DATE REC'D BY LOCAL REG. <u>Oct 21 53</u>		25B. REGISTRAR'S SIGNATURE <u>Agnes D. Bayne</u>	
25C. FUNERAL DIRECTOR'S SIGNATURE <u>Agnes D. Bayne</u>		25D. ADDRESS <u>2440</u>	
25E. EMBALMER'S SIGNATURE <u>Agnes D. Bayne</u>		25F. CERT. NO. <u>2440</u>	