ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7289

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 25

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY — IN THIS TOWN: 2 days; IN ARIZONA: 42 yrs.
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 Memorial Hospital

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

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): EFFIE
B. (MIDDLE): MAUD
C. (LAST): WARFEL

4. SEX: Female

5. COLOR OR RACE: White

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

7. DATE OF BIRTH — MONTH: Nov. DAY: 21 YEAR: 1880

8. AGE (IN YEARS LAST BIRTHDAY): 71 — 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): Housewife

9B. KIND OF BUSINESS OR INDUSTRY: Own home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Newton, Illinois

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.: None

14A. FATHER'S NAME: John A. Printz

14B. BIRTHPLACE (STATE OR COUNTRY): West Virginia

15A. MOTHER'S MAIDEN NAME: Ellen Clark

15B. BIRTHPLACE (STATE OR COUNTRY): Illinois

16. INFORMANT'S SIGNATURE: A. L. Warfel — ADDRESS: Camp Verde, Ariz

17. DATE OF DEATH (MONTH) (DAY) (YEAR): November 5, 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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A): Cardiac arrest — 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): Acute empyema gall bladder — 48 hr
DUE TO (C):

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Old tuberculosis L.L. lung — 50 yrs

19A. DATE OF OPERATION: 11/5/53

19B. MAJOR FINDINGS OF OPERATION: Empyema gall bladder

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 11/5, 19 53 TO 11/5, 19 53, THAT I LAST SAW THE DECEASED ALIVE ON 11/5, 19 53 AND THAT DEATH OCCURRED AT 4:55 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: J. B. Brilhart (DEGREE OR TITLE): M. D.

23B. ADDRESS: Cottonwood, Ariz.

23C. DATE SIGNED: 11/7/53

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

24B. DATE: Nov. 9, 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.: Nov 7/1953

25B. REGISTRAR'S SIGNATURE: Kloren E. Pickett Deputy

26. FUNERAL DIRECTOR'S SIGNATURE: J. E. McMillan — ADDRESS: Jerome, Ariz.

27. EMBALMER'S SIGNATURE: John E. McMillan — CERT. NO. 270A

FORM VS 2 REV. 4-15-52

CAUSE OF DEATH (ITEM 18) 0 0

DEATH DUE TO EXTERNAL VIOLENCE

MEDICAL CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR 142