

CERTIFICATE OF DEATH

1758

BIRTH NO. 7 08

REGISTRAR'S NO.

7 08 OF DEATH AND RESIDENCE 348	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 4 Days 3 Yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona		B. COUNTY MoHAVE	
	C. CITY OR TOWN Wickenburg		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Topock		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Community Hospital					D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Box 7		

IDENT SOCIAL DATA 7 354	3. NAME OF DECEASED (TYPE OR PRINT) Artie Smith Peacore			4. SEX Female	5. COLOR OR RACE White					
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widow		7. DATE OF BIRTH MONTH DAY YEAR July 21 1878		8. AGE (IN YEARS IF UNDER 24 HRS. LAST BIRTHDAY) MONTHS DAYS HOURS MIN. 75		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife			
	9B. KIND OF BUSINESS OR INDUSTRY At Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. None	
	14A. FATHER'S NAME Azor Smith			14B. BIRTHPLACE (STATE OR COUNTRY) Unk.		15A. MOTHER'S MAIDEN NAME Nennie Johnson		15B. BIRTHPLACE (STATE OR COUNTRY) Unk.		
	16. INFORMANT'S SIGNATURE O. B. Peacore					ADDRESS Box 7, Topock, Arizona.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 22 1954		

CAUSE OF DEATH (M 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 5703 ↑ 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) mesenteric thrombosis				INTERVAL BETWEEN ONSET AND DEATH 12 hrs	
	2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B) mechanical bowel obstruction 7 days					
	3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C) Small stones, myxomatous fatty degeneration of pancreas, Polycystic kidney					

OPERATIONS; POSTMORTEM	19A. DATE OF OPERATION 3-22-54		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	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)		
METH E TO ERNAL LENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		

MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-12-54 , 19____, TO 3-22-54 , 19____, THAT I LAST SAW THE DECEASED ALIVE ON 3-22-54 , 19____, AND THAT DEATH OCCURRED AT 9:15 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
	23A. SIGNATURE J. Lloyd B. Waller M.D. Wickenburg, Arizona		23B. ADDRESS		23C. DATE SIGNED 3-23-54		

FUNERAL DIRECTOR AND STRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE 3-25-54		24C. NAME OF CEMETERY OR CREMATORY Greenwood		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona,	
	25A. DATE REC'D BY LOCAL REG. 3/24/54		25B. REGISTRAR'S SIGNATURE F. H. Wachter		26. FUNERAL DIRECTOR'S SIGNATURE W. L. Coppingen Wickenburg, Ariz.		ADDRESS	
				27. EMBALMER'S SIGNATURE W. L. Coppingen		CERT. NO. 188-17		