

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 420

Y 19 OF DEATH AND 98 RESIDENCE 3005  CEDENT PERSONAL DATA 178 357	1. PLACE OF DEATH A. COUNTY <u>Yavapai</u>		B. LENGTH OF STAY IN THIS TOWN <u>6 Days</u> IN ARIZONA <u>6 Years</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Yavapai</u>					
	C. CITY OR TOWN <u>Whipple, Arizona</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Yarnell</u>			<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) INSTITUTION <u>Veterans Administration Center</u>					D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>General Delivery</u>				
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Edgar</u> B. (MIDDLE) <u>A.</u> C. (LAST) <u>Kelly</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>				
6B. NAME OF SPOUSE <u>Susan Kelly</u>		7. DATE OF BIRTH MONTH <u>12</u> DAY <u>18</u> YEAR <u>75</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>78</u>	IF UNDER 1 YEAR MONTHS <u>--</u> DAYS <u>--</u>	IF UNDER 24 HRS. HOURS <u>--</u> MIN. <u>--</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Construction Foreman</u>				
9B. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>Yes 6-27-98 to 2-11-99</u>		13. SOCIAL SECURITY NO. <u>None</u>				
14A. FATHER'S NAME <u>Allen P. Kelly</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Alabama</u>	15A. MOTHER'S MAIDEN NAME <u>Elizabeth Hutchinson</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arkansas</u>					
16. INFORMANT'S SIGNATURE <u>VA Hospital Records, Whipple, Arizona</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March 27 1954</u>						

CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>332x</u> ‡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) <u>Encephalomalacia, left hemisphere.</u> (B) <u>Embolic occlusion of left internal Carotid artery.</u> (C) <u>Negative endocarditis of aortic valve.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 Hours</u>  <u>48 Hours</u>  <u>Unknown</u>	
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION <u>-- --</u>			21. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>-- --</u>	

OPERATIONS, AUTOPSY DEATH DUE TO INTERNAL VIOLENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <u>-- --</u>		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>-- --</u>		21C. (CITY OR TOWN) (COUNTY) (STATE) <u>-- --</u>	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>-- -- M</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>-- --</u>	

MEDICAL FOR CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>March 21, 1954</u> TO <u>March 27, 1954</u> AND THAT DEATH OCCURRED AT <u>9:10 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE <u>Thomas T. Frost, M.D., Pathologist</u>		23B. ADDRESS <u>VA Center, Whipple, Arizona</u>		23C. DATE SIGNED <u>3-29-54</u>	

FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>3-30-54</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Veterans Administration Center,</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Whipple, Arizona</u>	
	25A. DATE REC'D BY LOCAL REG. <u>3/30/54</u>	25B. REGISTRAR'S SIGNATURE <u>Mary Lou Conner Deputy</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Henry C. Hampton</u>	
27. EMBALMER'S SIGNATURE <u>Henry C. Hampton</u>	CERT. NO. <u>308</u>				