

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH 8 AND 38 AL RESIDENCE 0207	1. PLACE OF DEATH A. COUNTY <u>Apache</u>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>ARIZONA</u> B. COUNTY <u>Apache</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>St. Johns</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>69 yrs. same</u>			
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Community Hospital</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>No name or number</u>		
PRECEDENT PERSONAL DATA 171 6 854	3. NAME OF DECEASED A. (FIRST) <u>MARY</u> B. (MIDDLE) <u>Ederson</u> C. (LAST) <u>JONES</u>			4. SEX <u>Female</u>		5. COLOR OR RACE <u>White</u>
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>12</u> DAY <u>28</u> YEAR <u>1882</u>		8. AGE YEARS <u>71</u> MONTHS <u>9</u> DAYS <u>0</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>House wife</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>None</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	13. SOCIAL SECURITY NO. <u>None</u>	
14A. FATHER'S NAME <u>John S. Patterson</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>England</u>	15A. MOTHER'S MAIDEN NAME <u>Eleanor Richey</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>	
15. INFORMANT'S SIGNATURE <u>H. J. Jones, St. Johns, Ariz.</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>August 28 1954</u>			
CAUSE OF DEATH TEMP 181 0 0	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>32X</u>			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT. <u>Massive Cerebral Hem</u> ING THE UNDERLYING CAUSE LAST. DUE TO (c) <u>Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 Min</u> <u>4 hrs</u> <u>10 years</u>
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		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 <u>Aug 28 1954</u> TO <u>Aug 28 1954</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Aug 28 1954</u> AND THAT DEATH OCCURRED AT <u>5:52 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE (DEGREE OR TITLE) <u>Benjamin Wellsworth, M.D.</u>		23B. ADDRESS <u>St. Johns Ariz</u>		23C. DATE SIGNED <u>8/28/54</u>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>8-30-54</u>	24C. NAME OF CEMETERY OR CREMATORY <u>St. Johns cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>St. Johns, Arizona</u>		
25A. DATE REC'D BY LOCAL REG. <u>169 Sept. 10-54</u>	25B. REGISTRAR'S SIGNATURE <u>Etta B. Heap</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Dan B. Hatt</u>		27. EMBALMER'S SIGNATURE <u>Dan B. Hatt</u>	
				ADDRESS <u>Springerville, Ariz.</u>	CERT. NO. <u>266A.</u>	