

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4424

CERTIFICATE OF DEATH

REGISTRAR'S NO. 6-54

09
E. OF DEATH
(AND 98
L RESIDENCE
0303

PRECEDENT 2
PERSONAL 3
DATA 179
7
854

CAUSE
OF
DEATH
ITEM 18)

CIRCUMSTANCES,
AUTOPSY

DEATH
DUE TO
INTERNAL
OR
EXTERNAL
OR
UNDETERMINED

MEDICAL
OFFICER
OR
CORONER'S
CERTIFICATION

GENERAL
REGISTRAR
AND
REGISTRAR
153

BIRTH NO. _____

1. PLACE OF DEATH
A. COUNTY Apache

B. LENGTH OF STAY
IN THIS TOWN 2 days IN ARIZONA 53 yrs.
 IN CITY LIMITS
 OUTSIDE CITY LIMITS

2. USUAL RESIDENCE (WHERE DECEASED LIVED.
IF INSTITUTION; RESIDENCE BEFORE ADMISSION)
A. STATE Arizona
C. CITY OR TOWN Lakeside
D. STREET ADDRESS P.O. Box 230 (IF RURAL, GIVE LOCATION)

B. COUNTY Navajo
 IN CITY LIMITS
 OUTSIDE CITY LIMITS

3. NAME OF DECEASED
A. (FIRST) Elvira B. (MIDDLE) _____ C. (LAST) Penrod

4. SEX Female 5. COLOR OR RACE White 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed

7. DATE OF BIRTH
MONTH Aug. DAY 16 YEAR 1874

8. AGE (IN YEARS LAST BIRTHDAY) 79 yrs 9. UNDER 1 YEAR MONTHS _____ DAYS _____ 10. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) House Wife

9B. KIND OF BUSINESS OR INDUSTRY _____ 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky 11. CITIZEN OF WHAT COUNTRY? U. S. 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. _____

14A. FATHER'S NAME Unknown 14B. BIRTHPLACE (STATE OR COUNTRY) Unknown 15A. MOTHER'S MAIDEN NAME Unknown 15B. BIRTHPLACE (STATE OR COUNTRY) Unknown

16. INFORMANT'S SIGNATURE Rose Penrod ADDRESS P. O. Box 230 Lakeside, Arizona

17. DATE OF DEATH (MONTH) August (DAY) 6 (YEAR) 1954

18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).)
1. Coronary occlusion
2. Arteriosclerosis
3. Hypertension

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) Coronary occlusion
DUE TO (B) Arteriosclerosis
DUE TO (C) _____

2. OTHER SIGNIFICANT CONDITIONS MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

11. OTHER SIGNIFICANT CONDITIONS MORBID CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____ 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 _____, 19____, TO _____, 19____, AND THAT DEATH OCCURRED AT _____, 19____, THAT I LAST SAW THE DECEASED _____, 19____, FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (PRINT OR TYPE) Arnold H. Dyckhoff MD 23B. ADDRESS _____ 23C. DATE SIGNED _____

24A. BURIAL CREMATION REMOVAL 24B. DATE Aug. 9, 1954 24C. NAME OF CEMETERY OR CREMATORY Pinetop, Cemetery 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pinetop, Arizona

25A. DATE REC'D BY LOCAL REG. 8/14/54 25B. REGISTRAR'S SIGNATURE Margaret Patrick 26. FUNERAL DIRECTOR'S SIGNATURE Felix L. Alcorn ADDRESS Holbrook, Arizona 27. EMBALMER'S SIGNATURE Felix L. Alcorn

CERT. NO. 290 A.