

CERTIFICATE OF DEATH

REGISTRAR'S NO. **530**

OF DEATH IND RESIDENCE	1. PLACE OF DEATH A. COUNTY Yavapai		B. LENGTH OF STAY IN THIS TOWN 63 yrs IN ARIZONA 63 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Yavapai			
	C. CITY OR TOWN Prescott		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Prescott		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) home 607 S. Montezuma				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 607 S. Montezuma			
IDENT SONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Dollie B. (MIDDLE) N.M.I. C. (LAST) Heisler			4. SEX F	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		
	6B. NAME OF SPOUSE none		7. DATE OF BIRTH MONTH Apr DAY 5 YEAR 1871	8. AGE (IN YEARS LAST BIRTHDAY) 83	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housemother	
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) none	13. SOCIAL SECURITY NO. none			
	14A. FATHER'S NAME Frank Krenning		14B. BIRTHPLACE (STATE OR COUNTRY) Missouri	15A. MOTHER'S MAIDEN NAME Ellen Gordon		15B. BIRTHPLACE (STATE OR COUNTRY) Illinois		
AUSE OF EATH EM 18)	16. INFORMANT'S SIGNATURE Mrs. Helen Henry			ADDRESS 607 S. Montezuma, Prescott		17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 21 1954		
	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).) 130.0 *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 CONTACTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) Arteriosclerotic heart disease ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Generalized arteriosclerosis - Unknown DUE TO (C) 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH About 10 years	
ATIONS, TOPY	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)			
EATH JE TO ERNAL LENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct. 4, 1949 TO Aug. 21, 1954 THAT I LAST SAW THE DECEASED ALIVE ON Aug. 21, 1954 AND THAT DEATH OCCURRED AT 3:20 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
EDICAL CORONER'S IFICATION	23A. SIGNATURE (DEGREE OR TITLE) J.P. M. Walker, D.			23B. ADDRESS Medical Center, Prescott		23C. DATE SIGNED 8-24-54.		
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE August 24, 1954	24C. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Prescott, Arizona			
NERAL ECTOR AND ISTRAR	25A. DATE REC'D BY LOCAL REG. August 24, 1954		25B. REGISTRAR'S SIGNATURE Mary Sue Casper, Deputy		26. FUNERAL DIRECTOR'S SIGNATURE W. W. Buffum		ADDRESS 2474	
					27. EMBALMER'S SIGNATURE W. W. Buffum		CERT. NO.	