

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF AUTOPSY OR INQUEST
(TO SUPPLEMENT DEATH CERTIFICATE)

STATE FILE NO.

REGISTRAR'S NO.

IDENTIFYING INFORMATION	1. NAME OF DECEASED <p style="text-align: center;">MARY HELEN WAYLAND</p>	2. DATE OF DEATH <p style="text-align: center;">September 1, 1954</p>
	3. PLACE OF DEATH <p style="text-align: center;">Miami-Inspiration Hospital, Miami, Arizona</p>	

AUTOPSY OR INQUEST	4. An <u>Autopsy</u> <small>(AUTOPSY/INQUEST)</small> having been completed after the filing of the death certificate of the above-named, I hereby supplement or amend the information appearing on the original death certificate.
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CAUSE OF DEATH	5. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>6582</u> <small>*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.</small>	MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Varicellular Collapse</u> DUE TO (B) _____ DUE TO (C) _____ 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">6A. ACCIDENT SUICIDE HOMICIDE <small>(SPECIFY)</small></td> <td style="width: 33%;">6B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)</td> <td style="width: 34%;">6C. (CITY OR TOWN) (COUNTY) (STATE)</td> </tr> <tr> <td>6D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <p style="text-align: center;">M</p></td> <td>6E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></td> <td>6F. HOW DID INJURY OCCUR?</td> </tr> </table>			6A. ACCIDENT SUICIDE HOMICIDE <small>(SPECIFY)</small>	6B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	6C. (CITY OR TOWN) (COUNTY) (STATE)	6D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <p style="text-align: center;">M</p>	6E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
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DEATH DUE TO EXTERNAL VIOLENCE			
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COMMENTS	<p style="font-size: 1.2em; font-family: cursive;">The gross and microscopic findings at autopsy reveal no cause of death, it is assumed that the death was due to <u>tailors</u> ^{anesthesia}.</p>
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CERTIFICATION	7A. SIGNATURE <u>W. L. Collopy M.D.</u> <small>(DEGREE OR TITLE)</small>	7B. ADDRESS <u>Box 623 Miami</u>	7C. DATE SIGNED <u>9-28-54</u>
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