

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6531

CERTIFICATE OF DEATH

REGISTRAR'S NO. 88

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|--|---|------------------------|--|---|--|--|
| AGE OF DEATH 23 AND 23 SEXUAL RESIDENCE 0202 | 1. PLACE OF DEATH A. COUNTY Mohave | | B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 54 yrs 54 yrs | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Mohave | |
| | C. CITY OR TOWN Kingman <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | C. CITY OR TOWN Kingman <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Sunset and Hall | |
| DECEDENT PERSONAL DATA 164 4 X54 | 3. NAME OF DECEASED A. (FIRST) B. (MIDDLE) C. (LAST) Ada Vista Wilson | | | 4. SEX Female | 5. COLOR OR RACE White | |
| | 6. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) Married | | 7. DATE OF BIRTH MONTH DAY YEAR Jan 15 1890 | 8. AGE (IN YEARS LAST BIRTHDAY) 64 | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife | |
| | 9B. KIND OF BUSINESS OR INDUSTRY Home | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California | 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) no | 13. SOCIAL SECURITY NO. none |
| | 14A. FATHER'S NAME Fred Sturzenegger | | 14B. BIRTHPLACE (STATE OR COUNTRY) California | 15A. MOTHER'S MAIDEN NAME Rachael Pancher | | 15B. BIRTHPLACE (STATE OR COUNTRY) California |
| 16. INFORMANT'S SIGNATURE Clarence Wilson, Kingman, Ariz | | | ADDRESS Kingman, Ariz | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 26 1954 | |
| CAUSE OF DEATH (ITEM 18) 0 0 | 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). 445 X *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, 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) malignant hypertension ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) 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 6 mo. |
| | 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| DEATH DUE TO EXTERNAL VIOLENCE + | 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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| MEDICAL OR CORONER'S CERTIFICATION 1 | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1950 TO Nov 26, 1954. THAT I LAST SAW THE DECEASED ALIVE ON Nov 26, 1954. AND THAT DEATH OCCURRED AT 1:30 A.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | |
| | 23A. SIGNATURE Clarence Wilson, M.D. | | 23B. ADDRESS Kingman | | 23C. DATE SIGNED 11/26/54 | |
| FUNERAL DIRECTOR AND REGISTRAR 38 2 154 | 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | | 24B. DATE 11/29/54 | 24C. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery | | |
| | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Kingman, Arizona | | 25A. DATE REC'D BY LOCAL REG. 11/29/54 | | 25B. REGISTRAR'S SIGNATURE Harold M. Miller | |
| 25C. FUNERAL DIRECTOR'S SIGNATURE Clayton H. Chamberlain, Kingman | | 25D. ADDRESS 327 N. | | 26. FUNERAL DIRECTOR'S SIGNATURE Clayton H. Chamberlain, Kingman | | |
| 25E. REGISTRAR'S SIGNATURE Harold M. Miller | | 25F. ADDRESS 327 N. | | 27. EMBALMER'S SIGNATURE Clayton H. Chamberlain, Kingman | | |