

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6760

CERTIFICATE OF DEATH

1. PLACE OF DEATH A. COUNTY <u>Yavapai</u> C. CITY OR TOWN <u>Kirkland Jct.</u> D. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 Miles S.E. of Kirkland Jct.</u>	BIRTH NO. _____		B. LENGTH OF STAY IN THIS TOWN <u>1 day</u> IN ARIZONA <u>43 yrs.</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		REGISTRAR'S NO. _____	
	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Mar.</u>		C. CITY OR TOWN <u>Peoria</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Rt. 2, Box 290</u>		3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Truman</u> B. (MIDDLE) _____ C. (LAST) <u>Spillers</u>		4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>
6B. NAME OF SPOUSE <u>Ada Lee</u>		7. DATE OF BIRTH MONTH <u>April</u> DAY <u>15</u> YEAR <u>1905</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>49</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Cowboy</u>	9B. KIND OF BUSINESS OR INDUSTRY <u>Cattle</u>	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>New Mexico</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</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>527-09-7803</u>
14A. FATHER'S NAME <u>N.J. Spillers</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		15A. MOTHER'S MAIDEN NAME <u>Mattie Singleton</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>
16. INFORMANT'S SIGNATURE <u>Ada Lee Spillers</u>		ADDRESS <u>Peoria, Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>November 14 1954</u>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>7252</u> 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.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) <u>Natural Causes</u>				INTERVAL BETWEEN ONSET AND DEATH	
	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.					
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? _____		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>did not see alive</u> TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT <u>11:00 A.M.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
23A. SIGNATURE <u>Wolff P. Nolan</u>		(DEGREE OR TITLE) <u>Coroner</u>		23B. ADDRESS <u>Yarnell, Arizona</u>		
23C. DATE SIGNED <u>11/14/54</u>						
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE <u>11/14/54</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Resthaven Park</u>		
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Glendale, Arizona</u>		25A. DATE REC'D BY LOCAL REG. <u>11/18-1954</u>		25B. REGISTRAR'S SIGNATURE <u>Chas H Adams</u>		
25C. REGISTRAR'S SIGNATURE <u>Charles R. Whitney</u>		25D. REGISTRAR'S SIGNATURE <u>Charles R. Whitney</u>		25E. REGISTRAR'S SIGNATURE <u>Charles R. Whitney</u>		

27
OF DEATH
AND 98
RESIDENCE

PRECEDENT
PERSONAL
DATA
4
149
54

CAUSE
OF
DEATH
ITEM 18)

OPERATIONS
AUTOPSY
DEATH
DUE TO
INTERNAL
EVIDENCE

MEDICAL
CORONER'S
CERTIFICATIONS

MINERAL
DIRECTOR
AND
REGISTRAR