

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5289

CERTIFICATE OF DEATH

REGISTRAR'S NO. 70

PLACE OF DEATH AND RESIDENCE 0203	1. PLACE OF DEATH A. COUNTY <u>Navajo</u>		B. LENGTH OF STAY IN THIS TOWN <u>15 min</u> IN ARIZONA		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz.</u> B. COUNTY <u>Navajo</u>	
	C. CITY OR TOWN <u>Holbrook</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		C. CITY OR TOWN <u>Holbrook</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA 101 0 854	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Larry</u> B. (MIDDLE) <u>Don</u> C. (LAST) <u>Stratton</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>W</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Infant</u>
	6B. NAME OF SPOUSE <u>none</u>		7. DATE OF BIRTH MONTH <u>8</u> DAY <u>4</u> YEAR <u>54</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>—</u>	IF UNDER 1 YEAR MONTHS <u>—</u> DAYS <u>—</u>	IF UNDER 24 HRS. HOURS <u>15</u> MIN. <u>—</u>
CAUSE OF DEATH (ITEM 18)	9B. KIND OF BUSINESS OR INDUSTRY <u>none</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Ariz</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>no</u>	13. SOCIAL SECURITY NO. <u>none</u>
	14. FATHER'S NAME <u>Lynn Stratton</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Ariz</u>	15A. MOTHER'S MAIDEN NAME <u>Virvan Green</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>	
OPERATIONS AUTOPSY	16. INFORMANT'S SIGNATURE <u>Lynn Stratton</u> ADDRESS <u>Snowflake</u>			17. DATE OF DEATH (MONTH) <u>8</u> (DAY) <u>4</u> (YEAR) <u>1954</u>		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. <u>7/7/54</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ (A) <u>Prematurity</u> DUE TO (B) <u>5 mo period of gestation</u> DUE TO (C) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <u>2-3 min.</u>
MEDICAL CERTIFICATION	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>on 8-4-54 only</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>—</u> , IS <u>—</u> , AND THAT DEATH OCCURRED AT <u>—</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <u>Donald D. Wards MD</u> (DEGREE OR TITLE)		22B. ADDRESS <u>Holbrook Ariz</u>		22C. DATE SIGNED <u>9-13-54</u>	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
CORONER'S CERTIFICATION	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>8-4-54</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Snowflake Cemetery</u>	
	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Snowflake Ariz</u>		26A. DATE REC. BY LOCAL REG. <u>8-4-54</u>		26B. REGISTRAR'S SIGNATURE <u>Glady's M. Cross</u>	
		27A. FUNERAL DIRECTOR'S SIGNATURE <u>none</u>		27B. ADDRESS <u>none</u>		