

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 160

OF DEATH AND RESIDENCE 1203	1. PLACE OF DEATH A. COUNTY Navajo		B. LENGTH OF STAY IN THIS TOWN 3 Days IN THIS STATE 40 Yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED) A. STATE Arizona B. COUNTY Navajo	
	C. CITY OR TOWN Holbrook		D. IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>		C. CITY OR TOWN Taylor	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Holbrook Municipal Hospital		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		D. STREET ADDRESS	
	E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		D. STREET ADDRESS	

DECEASED 1 180 7 X56	3. NAME OF DECEASED A. (FIRST) Lyman B. (MIDDLE) Longfellow C. (LAST) Duncan			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
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PRECEDENT PERSONAL DATA	6B. NAME OF SPOUSE Sarah A. Duncan		7. DATE OF BIRTH MONTH DAY YEAR May 12 1876	8. AGE (IN YEARS LAST BIRTHDAY) 80 Yrs	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Stockman, Ranching
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PERSONAL DATA	9B. KIND OF BUSINESS OR INDUSTRY Cattle Raising	10. BIRTHPLACE (STATE OR PARISH COUNTY) Tennessee	11. CITIZEN OF WHAT COUNTRY? U. S.	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. 526-16-5877
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PERSONAL DATA	14A. FATHER'S NAME Patric H. Duncan		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
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PERSONAL DATA	16. INFORMANT'S SIGNATURE Heber, ADDRESS Arizona			17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 25 1956		
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CAUSE OF DEATH EM 18)	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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) myocardial infarction			1 day
	ANTERCEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B) arteriosclerosis			years
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C) senility			"

OPERATIONS, TOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 24, 1956 to Nov 25, 1956, THAT I LAST SAW THE DECEASED ALIVE ON Nov 25, 1956, AND THAT DEATH OCCURRED AT 9:05 PM, FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
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DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE Donald D. DeWard MD		22B. ADDRESS Holbrook Arizona		22C. DATE SIGNED 11-27-56
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DEATH DUE TO EXTERNAL VIOLENCE	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)	
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DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR?	
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CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED
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FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL OR CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE November 27, 56	25C. NAME OF CEMETERY OR CREMATORY Taylor Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Taylor Navajo Ariz.
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FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 11/27/56		26B. REGISTRAR'S SIGNATURE Gladys M. Cross		27A. FUNERAL DIRECTOR'S SIGNATURE Donald D. DeWard MD	27B. ADDRESS Holbrook, Arizona
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FUNERAL DIRECTOR AND REGISTRAR	28A. EMBALMER'S SIGNATURE		28B. EMBALMER'S CERT. NO.	
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