

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **6559**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **85**

BIRTH NO.

09 09
E OF DEATH
49 49
AND
X
RESIDENCE
5

1. PLACE OF DEATH A. COUNTY Navajo		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Navajo	
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Winslow		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) Winslow	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 10 yrs. 10yrs.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 327 W. Gilmore	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION. GIVE STREET HOSPITAL OR INSTITUTION) 327 W. Gilmore			

1
CEDENT
PERSON
DATA
47
6
X51

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Richard B. (MIDDLE) John C. (LAST) Schoembs			4. SEX Male	5. COLOR OR RACE White
6. MARRIED NEVER MARRIED <input checked="" type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 8 DAY 22 YEAR 1904	B. AGE YEARS 47 MONTHS 3 DAYS 1	IF UNDER 24 HOURS HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Mechanic
9B. KIND OF BUSINESS OR INDUSTRY Airline	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California	11. CITIZEN OF WHAT COUNTRY? USA	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. 559-01-5074
14A. FATHER'S NAME Anton Schoembs, Jr.	14B. BIRTHPLACE (STATE OR COUNTRY) California	15A. MOTHER'S MAIDEN NAME Anna Schneider	15B. BIRTHPLACE (STATE OR COUNTRY) Germany	
16. INFORMANT'S SIGNATURE <i>Mrs Frances Schoembs</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 23 1951		

4501
CAUSE
OF
DEATH
FEM 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, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

OPERATIONS.
AUTOPSY
DEATH
DUE TO
INTERNAL
ORLENCE

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?	

MEDICAL
CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **11-23-51** TO **11-23-51**. THAT I LAST SAW THE DECEASED ALIVE ON **11-23-51** AND THAT DEATH OCCURRED **9:00p** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE *W. J. ...* (DEGREE OR TITLE)
23B. ADDRESS **Winslow, Ariz.**
23C. DATE SIGNED **11-23-51**

FINAL
REGISTRAR
AND
SISTRAR

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 11-26-51	24C. NAME OF CEMETERY OR CREMATORY Desert View Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Winslow, Ariz.
25A. DATE REC'D BY LOCAL REG. 11-29-51	25B. REGISTRAR'S SIGNATURE <i>Mrs Ed J Cahill</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>J. P. ...</i>	ADDRESS Winslow, Ariz. CERT. NO. #194

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