

STATE OF ARIZONA

Certified Copy of Vital Record

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. **87-008349**

SEP 6 1967

CERTIFICATE OF DEATH

REGISTRAR'S NO. **3996**

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 37 yrs IN ARIZONA 37 yrs		2. USUAL RESIDENCE A. STATE Arizona		(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) B. COUNTY Maricopa	
C. CITY OR TOWN Glendale		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Glendale		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Northwest Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 6074 W. Claremont		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED A. (FIRST) Lloyd B. (MIDDLE) V. C. (LAST) Yancy			4. SEX Male	5. COLOR OR RACE Cauc.	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		
6B. NAME OF SPOUSE -----		7. DATE OF BIRTH MONTH 1 DAY 21 YEAR 1893	8. AGE (IN YEARS LAST BIRTHDAY) 74	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Farmer	
9B. KIND OF BUSINESS OR INDUSTRY Retired	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	13. SOCIAL SECURITY NO. -----	14A. FATHER'S NAME Henry Yancy	14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky	15A. MOTHER'S MAIDEN NAME Zeulie Jones
15B. BIRTHPLACE (STATE OR COUNTRY) Kentucky	16. INFORMANT'S SIGNATURE Monty Records M. West Phoenix, Arizona			17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 29 1967	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 CONTRACTED. 19A. DATE OF OPERATION	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Arteriosclerotic cardiovascular disease ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 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 _____ I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED TO _____ THAT I LAST SAW THE DECEASED ALIVE ON _____ AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
22A. SIGNATURE Stefanos P. Trampel, M.D.		(DEGREE OR TITLE) CHIEF ASSISTANT MARICOPA COUNTY MEDICAL EXAMINER	22B. ADDRESS Phoenix, Arizona		22C. DATE SIGNED Aug. 29, 1967		
23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE Natural		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Northwest Hospital		23C. (CITY OR TOWN) (COUNTY) (STATE) Glendale, Maricopa, Ariz.		23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 8-29-67 1:14 A.	
23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? Arteriosclerotic disease		23G. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23H. HOW DID INJURY OCCUR? Natural causes - cardiovascular disease	
24A. CORONER'S SIGNATURE [Signature]			24B. ADDRESS 7115 N. 57th Dr., Glendale		24C. DATE SIGNED 8-31-67		
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE August 30, 1967	25C. NAME OF CEMETERY OR CREMATORY Resthaven Park Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Glendale, Arizona			
26A. DATE REC. BY LOCAL REG. 9/31/67	26B. REGISTRAR'S SIGNATURE Renee Gaudino		27A. FUNERAL DIRECTOR'S SIGNATURE Edward Ross		27B. ADDRESS Phoenix, Arizona		
28A. EMBALMER'S SIGNATURE John D. Stanley	28B. EMBALMER'S CERT. NO. 4064		28C. FUNERAL HOME Sunset Chapel				

STATE OF ARIZONA }
COUNTY OF MARICOPA } SS

DATE ISSUED

DEC 02 1988

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:



TED WILLIAMS, Director
Department of Health Services
State Registrar

Renee Gaudino
RENEE GAUDINO
Assistant State Registrar

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STATE OF ARIZONA
Certified Copy of Vital Record

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. **477299**

1. PLACE OF DEATH A. COUNTY MARICOPA		B. LENGTH OF STAY IN THIS TOWN 28 YR IN ARIZONA 28 YR		2. USUAL RESIDENCE A. STATE ARIZONA B. COUNTY MARICOPA	
C. CITY OR TOWN GLENDALE		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN GLENDALE <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION HUMDERBIRD REST HOME (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 209 WEST "G" St.	
3. NAME OF DECEASED A. (FIRST) ETHEL B. (MIDDLE) M. C. (LAST) YANCY		4. SEX FE		5. COLOR OR RACE CAUC.	
6B. NAME OF SPOUSE LOYD YANCY		7. DATE OF BIRTH MONTH 10 DAY 21 YEAR '92		8. AGE (IN YEARS LAST BIRTHDAY) 66	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) KENTUCKY		11. CITIZEN OF WHAT COUNTRY? U. S.	
14A. FATHER'S NAME JOHN L. SCOTT		14B. BIRTHPLACE (STATE OR COUNTRY) ILL.		15A. MOTHER'S MAIDEN NAME JOSEPHINE STRINGER	
16. INFORMANT'S SIGNATURE LOYD YANCY		ADDRESS GLENDALE		17. DATE OF DEATH (MONTH) JUNE (DAY) 22 (YEAR) 1959	
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 CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cerebral Thrombosis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Cerebral arteriosclerosis DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Fractured Right hip		INTERVAL BETWEEN ONSET AND DEATH 2 weeks years 6 weeks	
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 June 26 19 59 TO 6-22 19 59 , THAT I LAST SAW THE DECEASED ALIVE ON 6-21 19 59 , AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE Robert P. Gaudino (DEGREE OR TITLE)		22B. ADDRESS Glendale Ariz		22C. DATE SIGNED 6-28-59	
23A. ACCIDENT (SPECIFY) SUICIDE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 5-7-59 M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? Fell at nursing home	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 6-24-59		25C. NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) GLENDALE, ARIZONA		26A. DATE REC. BY LOCAL REG. 6-24-59		26B. REGISTRAR'S SIGNATURE Margaret Brewer, Deputy	
26C. PARADISE CHAPEL AND FUNERAL HOME		27A. FUNERAL DIRECTOR'S SIGNATURE Ralph L. Sage		27B. ADDRESS PHOENIX, ARIZ.	
28A. EMBALMER'S SIGNATURE John R. Bladen		28B. EMBALMER'S CERT. NO. 372-A			

STATE OF ARIZONA }
COUNTY OF MARICOPA } 55

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