ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 10142

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 371

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
C. LENGTH OF STAY IN THIS PLACE: 3 years; IN ARIZONA: 3 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2314 E Monte Rosa

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2314 E Monte Rosa

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Elmer B. (MIDDLE) E C. (LAST) Gorringe
4. SEX: male
5. COLOR OR RACE: white
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Jan. DAY 28 YEAR 1889
8. AGE: YEARS 63 MONTHS 0 DAYS 7
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Retired merchant
9B. KIND OF BUSINESS OR INDUSTRY: hardware
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE) No
13. SOCIAL SECURITY NO. 529-09-9832
14A. FATHER'S NAME: Joseph Gorringe
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Anna Mills
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: Mamie Gorringe ADDRESS: 2314 E Monte Rosa
17. DATE OF DEATH (MONTH) February (DAY) 5 (YEAR) 1952

CAUSE OF DEATH (ITEM 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 CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — 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) Arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO. ☒

DEATH DUE TO EXTERNAL VIOLENCE

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL & CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 1951 TO Feb 5 1952 THAT I LAST SAW THE DECEASED ALIVE ON Feb 5 1952 AND THAT DEATH OCCURRED AT 3:15 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Charles N. Horvath (DEGREE OR TITLE) M.D.
23B. ADDRESS: 2921 N. 24th St
23C. DATE SIGNED: 2-6-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Feb. 8, 1952
24C. NAME OF CEMETERY OR CREMATORY: Memory Lawn
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix
25A. DATE REC'D BY LOCAL REG.: 2/6/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: Charles E Melson ADDRESS
27. EMBALMER'S SIGNATURE: Lee C. Nussbaum CERT. NO. 170

FORM VS 2 REV. [redacted]