ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5754

CERTIFICATE OF DEATH

BIRTH NO. 1717

REGISTRAR'S NO. 3091

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 11 yrs. IN ARIZONA: 11 yrs.
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1903 E. Villa

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maeicopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1903 E. Villa

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Rufus B. (MIDDLE): Gordon C. (LAST): McCullough

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

7. DATE OF BIRTH MONTH: July DAY: 10 YEAR: 1880

8. AGE (IN YEARS LAST BIRTHDAY): 72 — 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): Service Sta. Operator

9B. KIND OF BUSINESS OR INDUSTRY: Operator

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Miss.

11. CITIZEN OF WHAT COUNTRY? USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO.: Unknown

14A. FATHER'S NAME: John McCullough

14B. BIRTHPLACE (STATE OR COUNTRY): Miss.

15A. MOTHER'S MAIDEN NAME: ? Coon

15B. BIRTHPLACE (STATE OR COUNTRY): Miss.

16. INFORMANT'S SIGNATURE ADDRESS: C.E. McCullough 1903 E. Villa.

17. DATE OF DEATH (MONTH): Oct. (DAY): 12 (YEAR): 1952

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4201

*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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

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 — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

CAUSE OF DEATH (ITEM 18)

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 OR CORONER'S CERTIFICATION
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1, 19 47 TO Oct 12, 19 52 THAT I LAST SAW THE DECEASED ALIVE ON Oct 8, 19 52 AND THAT DEATH OCCURRED AT 1120 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Dean Leroy Moats (DEGREE OR TITLE): M.D.
23B. ADDRESS: Phoenix Arizona
23C. DATE SIGNED: 10/13/52

FUNERAL DIRECTOR AND REGISTRAR
24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Oct. 18, 1952
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix Arizona
25A. DATE REC'D BY LOCAL REG.: 10/17/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore — ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA
27. EMBALMER'S SIGNATURE: James Stoettemyer 310

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FORM VS 2 REV. 4-15-52