:. B. L. Steward

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2040

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

12 14 CE OF DEATH
58 58 AND
AL RESIDENCE
X-

1 1 1 78 6 255 ECEDENT PERSONAL DATA

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY — IN THIS TOWN: 1948 — IN ARIZONA: 1881
C. CITY OR TOWN: Coolidge — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Northeast of Coolidge

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz. B. COUNTY: Pinal
C. CITY OR TOWN: Coolidge — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 3 mi. N/E Coolidge

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Ami B. (MIDDLE) John C. (LAST) Curtis
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ethel
7. DATE OF BIRTH — MONTH: Aug. DAY: 21 YEAR: 1876
8. AGE (IN YEARS LAST BIRTHDAY): 78 — IF UNDER 1 YEAR: MONTHS: 5 DAYS: 20 — IF UNDER 24 HRS.: HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Farming
9B. KIND OF BUSINESS OR INDUSTRY: Farming
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):
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Moses Monroe Curtis
14B. BIRTHPLACE (STATE OR COUNTRY): Illinois
15A. MOTHER'S MAIDEN NAME: Martha Simms
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: Martha Spafford — ADDRESS: Pomona, Calif.
17. DATE OF DEATH (MONTH) Feb. (DAY) 11 (YEAR) 1955

CAUSE OF DEATH (ITEM 18) 6 0 9

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Acute Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 3 minutes
DUE TO (B) Chronic Myocardial failure.
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY 9
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 11, 1955, TO Feb 11, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Feb. 11, 1955, AND THAT DEATH OCCURRED AT 10:00 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: B. L. Steward (DEGREE OR TITLE) M.D.
22B. ADDRESS: Coolidge
22C. DATE SIGNED: 2/15/55

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)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR 57 2
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Feb. 14, 1955
25C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 2-16-55
26B. REGISTRAR'S SIGNATURE: Mrs Chas. D. Elledge
27A. FUNERAL DIRECTOR'S SIGNATURE: Cole & Maud Mortuary By P H Cole
27B. ADDRESS: Coolidge, Arizona

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FORM VS-2 REV. 6-1-53 AMPCO 70385