ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0081

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 46

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN 35 yrs; IN ARIZONA 35 yrs
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Safford Inn Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED; IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 820 8th Street

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John B. (MIDDLE) Bartlett C. (LAST) Toler
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Elaine Toler
7. DATE OF BIRTH: MONTH 2 DAY 23 YEAR 1911
8. AGE (IN YEARS LAST BIRTHDAY): 44 — 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): Cook
9B. KIND OF BUSINESS OR INDUSTRY: Restaurant
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
11. CITIZEN OF WHAT COUNTRY: U. S.
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.: 526-05-2180
14A. FATHER'S NAME: Judie C. Toler
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Luellan Stillwell
15B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
16. INFORMANT'S SIGNATURE: Elaine Toler — ADDRESS: Safford, Ariz.
17. DATE OF DEATH: (MONTH) 1 (DAY) 16 (YEAR) 56

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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cor Pulmonale

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Pulmonary fibrosis
DUE TO (C) Asthmatic bronchitis

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-16, 1956 TO 1-16, 1956 THAT I LAST SAW THE DECEASED ALIVE ON 1-16-56, 19__, AND THAT DEATH OCCURRED AT 5:10 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: M. Gardens (DEGREE OR TITLE) MD
22B. ADDRESS: Safford, Arizona
22C. DATE SIGNED: 1-19-56

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
25A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
25B. DATE: 1/19/56
25C. NAME OF CEMETERY OR CREMATORY: Bryce
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bryce Ariz
26A. DATE REC. BY LOCAL REG.: January 19 1956
26B. REGISTRAR'S SIGNATURE: M. Stratton M.D. By C. Rawson Deputy C. H. Lopez
27A. FUNERAL DIRECTOR'S SIGNATURE: W. Rawson
27B. ADDRESS: Safford

FORM VS-2 REV. 6-1-53 AMPCO 70388