ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0742

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 41

**1. PLACE OF DEATH**
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN: 2mo. IN ARIZONA: 50 Yrs.
C. CITY OR TOWN: Douglas — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Cochise County Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Bisbee — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 223 Opera Drive

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) Elmer B. (MIDDLE) Joseph C. (LAST) Leftault

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mary L. Leftault
7. DATE OF BIRTH: MONTH July DAY 29 YEAR 1884
8. AGE (IN YEARS LAST BIRTHDAY): 71 69
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): Ret. Miner
9B. KIND OF BUSINESS OR INDUSTRY: Copper
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Minnesota
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.: Unknown
14A. FATHER'S NAME: Daniel Leftault
14B. BIRTHPLACE (STATE OR COUNTRY): Canada
15A. MOTHER'S MAIDEN NAME: Amelia Fauro
15B. BIRTHPLACE (STATE OR COUNTRY): New York
16. INFORMANT'S SIGNATURE: Mary L. Leftault ADDRESS: 223 Opera Drive, Bisbee
17. DATE OF DEATH (MONTH) Feb. (DAY) 11, (YEAR) 1956

**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) MYOCARDITIS CHRONIC — 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) SENILITY

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM JAN 8, 19 56 TO FEB 11, 19 56 THAT I LAST SAW THE DECEASED ALIVE ON FEB 11, 19 56 AND THAT DEATH OCCURRED AT 6.45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: E.W. Adamson (DEGREE OR TITLE) M D
22B. ADDRESS: Douglas Arizona
22C. DATE SIGNED: 2/13/56

**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

**GENERAL DIRECTOR AND REGISTRAR**
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Feb. 14, 1956
25C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Arizona
26A. DATE REC. BY LOCAL REG.: 2/13/56
26B. REGISTRAR'S SIGNATURE: E.W. Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Hugh Dugan
27B. ADDRESS: Bisbee, Arizona
DUGAN-HENNESSY MORTUARY

FORM VS-2 REV. 6-1-53 AMPCO 77595