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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2298

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 28

06 OF DEATH AND 12 RESIDENCE X

1. PLACE OF DEATH
A. COUNTY: GREENLEE
B. LENGTH OF STAY: IN THIS TOWN 44 yr; IN ARIZONA 50 yr
C. CITY OR TOWN: DUNCAN — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): High Ave

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: GREENLEE
C. CITY OR TOWN: DUNCAN — ☒ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1 mile East of Duncan

DECEDENT PERSONAL DATA 164

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) LORETTA B. (MIDDLE) MAE C. (LAST) McGRATH
4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Joseph Clarence McGrath
7. DATE OF BIRTH: MONTH 8 DAY 12 YEAR 1891
8. AGE (IN YEARS LAST BIRTHDAY): 64 yr.
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): House wife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): KANSAS
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.: 526-36-4494
14A. FATHER'S NAME: Adam Crawford
14B. BIRTHPLACE (STATE OR COUNTRY): ~~[illegible]~~ OHIO
15A. MOTHER'S MAIDEN NAME: Millie Chenny
15B. BIRTHPLACE (STATE OR COUNTRY): UNKNOWN
16. INFORMANT'S SIGNATURE: Mrs. Ben Billingsley — ADDRESS: DUNCAN ARIZONA
17. DATE OF DEATH: (MONTH) 4 (DAY) 12 (YEAR) 1956

CAUSE OF DEATH (ITEM 18) 442X

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‡ — MEDICAL CERTIFICATION
(A) Cardiac Arrest — 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) Myocardial decomposition — 3 yr.
DUE TO (C) Arterio-Cardio-Renal Hypertension
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Cirrhotic Liver

OPERATIONS, AUTOPSY 4

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

MEDICAL CERTIFICATION 7

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM MAY, 1955, TO APRIL, 1956, THAT I LAST SAW THE DECEASED ALIVE ON MARCH, 1956, AND THAT DEATH OCCURRED AT 7 45 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Joseph J. Friedl (DEGREE OR TITLE) DO
22B. ADDRESS: Duncan Ariz.
22C. DATE SIGNED: 4/12/56

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 5

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

FUNERAL DIRECTOR AND REGISTRAR 27 2

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: March 16-1956
25C. NAME OF CEMETERY OR CREMATORY: Fromman
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Franklin
26A. DATE REC. BY LOCAL REG.: 3-16-56
26B. REGISTRAR'S SIGNATURE: Mrs. Osborne N. Smith Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: J. McMillan
27B. ADDRESS: Clifton Ariz.

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FORM VS-2 REV. 6-1-53 AMPCO 70365