ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5853

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2203

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 25 yrs. IN ARIZONA 25 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): 2301 W. Salono Dr.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2301 W. Salono Dr.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) GEORGE B. (MIDDLE) R. C. (LAST) LOFTIS
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Verley Loftis
7. DATE OF BIRTH: MONTH Nov. DAY 22 YEAR 1903
8. AGE (IN YEARS LAST BIRTHDAY): 52 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): Meat Cutter
9B. KIND OF BUSINESS OR INDUSTRY: Butcher
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
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.: Unk.
14A. FATHER'S NAME: James M. Loftis
14B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
15A. MOTHER'S MAIDEN NAME: Cora Pearly Fox
15B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
16. INFORMANT'S SIGNATURE: Mrs. Verley Loftis, (Wife) ADDRESS: Same
17. DATE OF DEATH (MONTH) SEPTEMBER (DAY) 11th (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Myocardial Infarction Aug 24-56 — INTERVAL BETWEEN ONSET AND DEATH: ~~Sept 9-56~~ ~~Sept~~

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Acute Onset. — Aug 24 - Sept 11-56
DUE TO (C) Probably Second Infarction on Sept 11-56

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 24, 1956, TO Sept 11, 1956, THAT I LAST SAW THE DECEASED ALIVE ON Sept 9, 1956, AND THAT DEATH OCCURRED AT 3:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: A. M. Kilgard (DEGREE OR TITLE) MD
22B. ADDRESS: 316 W. McDowell Rd. Phx, Ari.
22C. DATE SIGNED: Sept. 12, 1956

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Sept. 14, 1956
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 9/13/56
26B. REGISTRAR'S SIGNATURE: Doris Fernandez Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: C. Lee Moore
27B. ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA
28A. EMBALMER'S SIGNATURE: James Hathaway
28B. EMBALMER'S CERT. NO. 310

FORM VS-2 REV. 3-15-55

1 27 OF DEATH
AND 74
RESIDENCE
X-
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1
CEDENT 1
RSONAL 1
DATA 152
4
9/12
4201
CAUSE
OF
DEATH 0
TEM 18)
0
RATIONS, 0
UTOPSY 2
EDICAL 1
IFICATION 1
DEATH
DUE TO
EXTERNAL
VIOLENCE
ORONER'S
IFICATION 1
UNERAL 85
RECTOR
AND
GISTRAR 2
125