ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6428

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. [redacted] 126

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 19 yrs; IN ARIZONA 37 yrs
C. CITY OR TOWN: Tolleson ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 9305 W Monroe

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Tolleson ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 9305 W. Monroe
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Earle B. (MIDDLE) Louis C. (LAST) HOCTOR
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Emmaline Hoctor
7. DATE OF BIRTH: MONTH Sept DAY 7 YEAR 1909
8. AGE (IN YEARS LAST BIRTHDAY): 47
IF UNDER 1 YEAR: MONTHS 1 DAYS 7
IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Lumberman
9B. KIND OF BUSINESS OR INDUSTRY: Lumber
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Spokane, Wash
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): W. W. II (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: Joseph Hoctor
14B. BIRTHPLACE (STATE OR COUNTRY): California
15A. MOTHER'S MAIDEN NAME: Alice Wilson
15B. BIRTHPLACE (STATE OR COUNTRY): California
16. INFORMANT'S SIGNATURE: Emmaline Hoctor
ADDRESS
17. DATE OF DEATH: (MONTH) October (DAY) 14 (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‡
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes
DUE TO (B) Coronary Sclerosis — years
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. None

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ..... TO ..... 19.... AND THAT DEATH OCCURRED AT ..... 19.... I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED TO ..... 19.... AND THAT I LAST SAW THE DECEASED ALIVE ON ..... 19.... AND THAT DEATH OCCURRED AT 8:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: E. L. Murphy M.D. MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS
22C. DATE SIGNED: 14 Oct 56

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) Tolleson (COUNTY) (STATE) Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Natural causes

24A. CORONER'S SIGNATURE: William Hulsey
24B. ADDRESS: Tolleson Ariz
24C. DATE SIGNED: 10-16-56

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Oct. 17, 1956
25C. NAME OF CEMETERY OR CREMATORY: St. Francis
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 10-17-56
26B. REGISTRAR'S SIGNATURE: Etta Butler Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: E. L. Murphy
27B. ADDRESS: 330 N 2d Ave., Phx
28. EMBALMER'S SIGNATURE: E. L. Murphy
28B. EMBALMER'S CERT. NO.

FORM VS-2 REV. 3-15-55 [redacted]
Whitney & Murphy Funeral Home, Phx

7 27 E OF DEATH
SAND 42 L RESIDENCE
X –
1 1 ECEDENT
RSONAL 1 DATA 42
4 056
H201 CAUSE OF DEATH (ITEM 18) 0 0
RATIONS, UTOPSY 4
EDICAL IFICATION 1 1
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S FICATION 5
NERAL ECTOR AND ISTRAR 32 2
137