ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4807

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 187

1. PLACE OF DEATH
A. COUNTY: Navajo
B. LENGTH OF STAY: IN THIS TOWN 2days; IN ARIZONA 76 Yrs
C. CITY OR TOWN: Holbrook — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Holbrook Municipal Hospital

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) George B. (MIDDLE) Elmer C. (LAST) Gardner
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Lois H. Gardner
7. DATE OF BIRTH: MONTH Oct. DAY 1 YEAR 1880
8. AGE (IN YEARS LAST BIRTHDAY): 76 Yrs. IF UNDER 1 YEAR: MONTHS 9mo. DAYS 27da. IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Stone Mason & Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Construction & Farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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): No
13. SOCIAL SECURITY NO.: 526-12-3866
14A. FATHER'S NAME: George B. Gardner
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Medora Owens
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Melvin Gardner ADDRESS: Woodruff, Arizona
17. DATE OF DEATH: (MONTH) July (DAY) 28 (YEAR) 1957

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: four minutes
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — years.
(C) assoc with. ① Prior infarction with heart aneurysm
② Lobar Pneumonia

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

19A. DATE OF OPERATION: 7-29-57
19B. MAJOR FINDINGS OF OPERATION: as above
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 1957, 19__, TO July 28, 19 57, THAT I LAST SAW THE DECEASED ALIVE ON July 28, 19 57, AND THAT DEATH OCCURRED AT 6:25 PM. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Donald A. DeMarsh M.N. (DEGREE OR TITLE)
22B. ADDRESS: Holbrook Arizona
22C. DATE SIGNED: 7-31-57

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: July 31, 1957
25C. NAME OF CEMETERY OR CREMATORY: Woodruff Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Woodruff, Navajo, Ariz.
26A. DATE REC. BY LOCAL REG.: 7/31/57
26B. REGISTRAR'S SIGNATURE: Gladys M. Cross
27A. FUNERAL DIRECTOR'S SIGNATURE AND LICENSE NO.: Felix D. Alcorn
27B. ADDRESS: Holbrook, Arizona
28. EMBALMER'S SIGNATURE: Felix D. Alcorn
28B. EMBALMER'S CERT. NO.: 290 A

FORM VS-2 REV. 3-15-55

09 09 CE OF DEATH
2/ AND 98 AL RESIDENCE
0203
DECEDENT PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
4201
PERATIONS, AUTOPSY
MEDICAL RTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S RTIFICATION
FUNERAL DIRECTOR AND REGISTRAR