ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1001

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 30

1. PLACE OF DEATH A. COUNTY Cochise — B. LENGTH OF STAY IN THIS TOWN 3 MO. IN ARIZONA 3 MO.

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) County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Minnesota — B. COUNTY

C. CITY OR TOWN St Paul — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS

D. STREET ADDRESS 1234 E. Como Blvd — (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Louis B. (MIDDLE) Albert C. (LAST) Myers — **4. SEX** Male — **5. COLOR OR RACE** White — **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)** Divorced

6B. NAME OF SPOUSE — **7. DATE OF BIRTH** MONTH 9 DAY 10 YEAR 1876 — **8. AGE** (IN YEARS LAST BIRTHDAY) 79 — 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) Salesman

9B. KIND OF BUSINESS OR INDUSTRY Gen. — **10. BIRTHPLACE** (STATE OR FOREIGN COUNTRY) Mich. — **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.** ?

14A. FATHER'S NAME Edward Myers — **14B. BIRTHPLACE** (STATE OR COUNTRY) Mich.

15A. MOTHER'S MAIDEN NAME Minnie Frunol — **15B. BIRTHPLACE** (STATE OR COUNTRY) Ger.

16. INFORMANT'S SIGNATURE Hospital records — ADDRESS

17. DATE OF DEATH (MONTH) 2 (DAY) 18 (YEAR) 1958

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 thrombosis with myocardial failure

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH 3 days.

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2/15, 19 58 TO 2/18, 19 58, THAT I LAST SAW THE DECEASED ALIVE ON 2/18, 19 58, AND THAT DEATH OCCURRED AT 12:20 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE R E Montgomery MD (DEGREE OR TITLE) — **22B. ADDRESS** Douglas — **22C. DATE SIGNED** 2/18/58

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** 2-19-58 — **25C. NAME OF CEMETERY OR CREMATORY** Calvary — **25D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE) Douglas, Ariz.

26A. DATE REC. BY LOCAL REG. 2/18/58 — **26B. REGISTRAR'S SIGNATURE** [illegible] — **27A. FUNERAL DIRECTOR'S SIGNATURE** Fenton Brown — **27B. ADDRESS** Douglas Ariz

28. EMBALMER'S SIGNATURE Fenton Brown — **28B. EMBALMER'S CERT. NO.** 238

FORM VS 1 REV. 2-15-55

53 / 7 / 1 / 4 / 79 / 6 / 258 / 4201 / 0 / 0 / 4 / 1 / 10 / 2 / 203