ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 21 3523

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY IN THIS TOWN: Life; IN ARIZONA: Life
C. CITY OR TOWN: Florence. ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sp. Canon. 2 Florence

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN: Superior. ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 37 Kellner.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) George B. (MIDDLE) C. (LAST) Whitlow
4. SEX: M.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE: Margaret
7. DATE OF BIRTH: MONTH Feb DAY 3. YEAR 1904
8. AGE (IN YEARS LAST BIRTHDAY): 54
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): Miner
9B. KIND OF BUSINESS OR INDUSTRY: Copper Mines
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): yes (IF YES, WAR OR DATES OF SERVICE): WWII
13. SOCIAL SECURITY NO.: 526-09-3106
14A. FATHER'S NAME: Myron John Whitlow
14B. BIRTHPLACE (STATE OR COUNTRY): Ohio
15A. MOTHER'S MAIDEN NAME: Frances Gallegos
15B. BIRTHPLACE (STATE OR COUNTRY): Ariz
16. INFORMANT'S SIGNATURE: Mrs. Ray Flint ADDRESS: Superior Ariz
17. DATE OF DEATH: MONTH Feb DAY 18 YEAR 58

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) Acute tubular pneumonia — 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)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Calcific aortic stenosis

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar 2-19-58, THAT I LAST SAW THE DECEASED ALIVE ON 19, AND THAT DEATH OCCURRED AT, FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Arnold Carson (DEGREE OR TITLE) M.D.
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 2-19-58

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: Lettie C. Deime Graham's Coroner
24B. ADDRESS: Florence Arizona
24C. DATE SIGNED: March 4th 1958

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 2/19/58
25C. NAME OF CEMETERY OR CREMATORY: Fairview
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Superior Ariz

26A. DATE REC. BY LOCAL REG.: 3-17-58
26B. REGISTRAR'S SIGNATURE: Ethel L. Eggers
27A. FUNERAL DIRECTOR'S SIGNATURE: Ole V. McAuliffe
27B. ADDRESS: Florence
28A. EMBALMER'S SIGNATURE: Hugo Sommer
28B. EMBALMER'S CERT. NO.: 272-A

FORM VS-2 REV. 3-15-55

12 CAUSE OF DEATH
79 AND
RESIDENCE
DECEDENT PERSONAL DATA
491 X CAUSE OF DEATH (ITEM 18)
INTERVENTIONS, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR