ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2586

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 56 Yrs. IN ARIZONA 56 Yrs.
C. CITY OR TOWN: Yuma — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yuma General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 325 5th Avenue
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Frank B. (MIDDLE) R. C. (LAST) Lorona

4. SEX: M
5. COLOR OR RACE: Cauc.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Maria C. Lorona
7. DATE OF BIRTH: MONTH Apr. DAY 2 YEAR 1901
8. AGE (IN YEARS LAST BIRTHDAY): 56
IF UNDER 1 YEAR: MONTHS DAYS
IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING BULK OF LIFE EVEN IF RETIRED): Mechanic Auto
9B. KIND OF BUSINESS OR INDUSTRY: Automotive
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): No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: Francisco Lorona
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Francisca Reyna
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Carlos Lorona, Yuma, Arizona — ADDRESS
17. DATE OF DEATH: (MONTH) March (DAY) 3 (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) Acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B): Arteriosclerotic heart disease — 2 years
DUE TO (C): Generalized arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Contusion, anterior chest & rt. rib cage — 5 hours

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3 March 1958 TO 3 March 1958, THAT I LAST SAW THE DECEASED ALIVE ON 3 March 1958, AND THAT DEATH OCCURRED AT 3:55 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John F. Stanley M.D. (DEGREE OR TITLE)
22B. ADDRESS: Yuma Arizona
22C. DATE SIGNED: 5 March 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.): S.P. Freight Depot
23C. (CITY OR TOWN) Yuma (COUNTY) Yuma (STATE) Ariz.
23D. TIME OF INJURY (MONTH) March (DAY) 3 (YEAR) 1958 (HOUR) 11 A.M.
23E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Hit in chest by lift.

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: Edwel C. Byrd Coroner
24B. ADDRESS: 501 First St Yuma-Ariz.
24C. DATE SIGNED: March 7-1958

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: March 6, 1958
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma Yuma Arizona
26A. DATE REC. BY LOCAL REG.: 3-6-1958
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: Johnson Mortuary O. Johnson
27B. ADDRESS: Drawer 310, Yuma, Ariz.
28. EMBALMER'S SIGNATURE: I A O Johnson
28B. EMBALMER'S LICENSE NO.: 19A

FORM VS-2 REV. 3-15-55

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