ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5160

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 201

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 9 mos; IN ARIZONA 9 mos
C. CITY OR TOWN: Mesa — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 910 West 4th Avenue

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Utah
B. COUNTY: Wasatch
C. CITY OR TOWN: Midway — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 83
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) George B. (MIDDLE) A. C. (LAST) Huntington

4. SEX: Male **5. COLOR OR RACE:** White **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Married

6B. NAME OF SPOUSE: Elizabeth R.
7. DATE OF BIRTH MONTH 11 DAY 1 YEAR 72
8. AGE (IN YEARS LAST BIRTHDAY): 85
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): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Dairy
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? United States
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.: None
14A. FATHER'S NAME: George Wm. Huntington
14B. BIRTHPLACE (STATE OR COUNTRY): N.Y.
15A. MOTHER'S MAIDEN NAME: Sarah Elizabeth Sprouse
15B. BIRTHPLACE (STATE OR COUNTRY): Miss.
16. INFORMANT'S SIGNATURE: Elizabeth Huntington ADDRESS: Midway, Utah
17. DATE OF DEATH (MONTH) 7 (DAY) 27 (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(A) Mitral Stenosis — 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) Rheumatic fever — 1918
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Cardiac decompensation — 1955

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-19-57, 19___, TO 7-27-58, 19___, THAT I LAST SAW THE DECEASED ALIVE ON 11-26-58, 19___, AND THAT DEATH OCCURRED AT 1:30 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Mark Hull M.D.
22B. ADDRESS: 5 N. Mesa, Mesa, Arizona
22C. DATE SIGNED: 7-28-58

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: 7-28-58
25C. NAME OF CEMETERY OR CREMATORY: Midway Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Midway, Utah
26A. DATE REC. BY LOCAL REG.: 7-28-58
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: Mesa, Arizona
28. EMBALMER'S SIGNATURE: [illegible]
28B. EMBALMER'S CERT. NO.: 345-A

FORM VS-2 REV. 3-15-55 [illegible]
MELDRUM MORTUARY & CHAPEL