ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5720

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY IN THIS TOWN: 5 mo. IN ARIZONA: 70 yr.
C. CITY OR TOWN: Duncan — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): None

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Lorenzo B. (MIDDLE) Hyrum C. (LAST) Thatcher

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

6B. NAME OF SPOUSE: Clara

7. DATE OF BIRTH MONTH: July DAY: 4 YEAR: 1888

8. AGE (IN YEARS LAST BIRTHDAY): 70 — 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:

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. 527-03-1726

14A. FATHER'S NAME: Ryan Thatcher

14B. BIRTHPLACE (STATE OR COUNTRY): Not Known

15A. MOTHER'S MAIDEN NAME: Sarah Plum

15B. BIRTHPLACE (STATE OR COUNTRY): Not Known

16. INFORMANT'S SIGNATURE: Wanda Crum — ADDRESS: Duncan, Ariz.

17. DATE OF DEATH (MONTH) August (DAY) 9 (YEAR) 1968

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) Uremia Coronary Heart failure — INTERVAL BETWEEN ONSET AND DEATH: immediate
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Heart disease — immediate
DUE TO (C) Coronary Thrombosis — Several years

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8/9, 1958 TO 8/9, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 8/9, 1958, AND THAT DEATH OCCURRED AT 10:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Joseph J. Swat D.O.
22B. ADDRESS: Duncan Arizona
22C. DATE SIGNED: 8/9/58

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: 8-9-58
25C. NAME OF CEMETERY OR CREMATORY: Bryson Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee Arizona

26A. DATE REC. BY LOCAL REG.: 8-9-58
26B. REGISTRAR'S SIGNATURE: Mrs. Osborne N. Smith
27A. FUNERAL DIRECTOR'S SIGNATURE: Ward Hufford
27B. ADDRESS: Safford Ariz.
28. EMBALMER'S SIGNATURE: Ward Hufford
28B. EMBALMER'S CERT. NO.: 279 R.

(Caldwell Funeral Home)

FORM VS-2 REV. 3-15-55

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ECEDENT 3
ERSONAL 70
DATA 7
8 58
1/20 1
CAUSE
OF
DEATH 6
TEM 18) 6
ERATIONS, UTOPSY 2
MEDICAL 1
IFICATION
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S IFICATION 2
UNERAL IRECTOR AND GISTRAR 2 7
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