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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 3619

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: GREENLEE
B. LENGTH OF STAY: IN THIS TOWN 45YR; IN ARIZONA 45YR.
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): 1½ miles South of Duncan

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: GREENLEE
C. CITY OR TOWN: DUNCAN — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1½ miles S. of Duncan
E. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Edward B. (MIDDLE) C. (LAST) Lunt
4. SEX: M.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED -
6B. NAME OF SPOUSE: LETTIE STOWELL
7. DATE OF BIRTH: MONTH 7 DAY 21 YEAR 1885
8. AGE (IN YEARS LAST BIRTHDAY): 73
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): RANCHER -
9B. KIND OF BUSINESS OR INDUSTRY: CATTLE
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): UTAH
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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: HENRY LUNT
14B. BIRTHPLACE (STATE OR COUNTRY): England -
15A. MOTHER'S MAIDEN NAME: SARAH LUNT
15B. BIRTHPLACE (STATE OR COUNTRY): UTAH
16. INFORMANT'S SIGNATURE: Joseph B. Lunt — ADDRESS: Duncan Ariz.
17. DATE OF DEATH: (MONTH) 5 (DAY) 25 (YEAR) 1959 -

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) CARDIAC COLLAPSE — 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) SEVERE ANEMIA — 2 MONTHS -
DUE TO (C) LEUKEMIA (CHRONIC) — 10 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 5/4 1959 TO 5/25 1959 THAT I LAST SAW THE DECEASED ALIVE ON 5/25 1959, AND THAT DEATH OCCURRED AT 11:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Joseph J. Fritt (DEGREE OR TITLE) D.O.
22B. ADDRESS: Box 1 Duncan Ariz -
22C. DATE SIGNED: 5/25/59

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?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 5-27-59
25C. NAME OF CEMETERY OR CREMATORY: Duncan Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Duncan, ARIZONA
26A. DATE REC. BY LOCAL REG.: 5-30-59
26B. REGISTRAR'S SIGNATURE: Mrs. Verne R. Smith, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: W. A. Caldwell
27B. ADDRESS: Safford
28. EMBALMER'S SIGNATURE: W. A. Caldwell
28B. EMBALMER'S CERT. NO.: 291

FORM VS-2 REV. 3-15-55

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