ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7693

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 161

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN ? IN ARIZONA 40 yrs
C. CITY OR TOWN: ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 85th AVE. & Indian School Rd.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2525 N. 8th Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) George B. (MIDDLE) W. C. (LAST) NORTHCUTT
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Elsie
7. DATE OF BIRTH: MONTH Dec DAY 21 YEAR 1900
8. AGE (IN YEARS LAST BIRTHDAY): 58
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): Salesman
9B. KIND OF BUSINESS OR INDUSTRY: Life Insurance
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
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): WW II
13. SOCIAL SECURITY NO. 526-18-9546
14A. FATHER'S NAME: George T. NORTHCUTT
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Lou BANKS
15B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
16. INFORMANT'S SIGNATURE: Mrs. Robert HARTMAN (daughter)
ADDRESS: 1125 N. Coolidge St., Casa Grande Ariz.
17. DATE OF DEATH: (MONTH) October (DAY) 26, (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*: Hypertensive arteriosclerotic heart disease — 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 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 ____ 19__ AND THAT DEATH OCCURRED AT ____ (I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED) ON 10-26-59 THAT I LAST SAW THE DECEASED ALIVE ON ____ 19__ FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE): MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 10-26-59

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
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: Wallace Wilhite M.D.
24B. ADDRESS: Dallas Drive
24C. DATE SIGNED: 10-28-59

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 10-29-59
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 10-28-59
26B. REGISTRAR'S SIGNATURE: Etta Butler Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Robert E. Grimshaw
27B. ADDRESS: Grimshaw Mortuary
28A. EMBALMER'S SIGNATURE: Fred E. Warren
28B. EMBALMER'S CERT. NO. 227

FORM VS-2 REV. 3-15-55