ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8044

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY Pinal
B. LENGTH OF STAY IN THIS TOWN 7 yrs IN ARIZONA 7 yrs
C. CITY OR TOWN Coolidge, ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Arizona Machinery, So Ariz. Blvd

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Arizona
B. COUNTY Pinal
C. CITY OR TOWN Coolidge ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1425 S. 6th Pl
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) CHARLIE B. (MIDDLE) PRINTES C. (LAST) TUGGLE
4. SEX Male
5. COLOR OR RACE White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Louise Ella Tuggle
7. DATE OF BIRTH MONTH May DAY 17, YEAR 1903
8. AGE (IN YEARS LAST BIRTHDAY) 56 IF UNDER 1 YEAR MONTHS 5 DAYS 2 IF UNDER 24 HRS. HOURS 0 MIN. ----
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Mechanic
9B. KIND OF BUSINESS OR INDUSTRY John Deere
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas
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. 540-30-3835
14A. FATHER'S NAME Charlie James Tuggle
14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky
15A. MOTHER'S MAIDEN NAME Loretta Ellen Gibbons
15B. BIRTHPLACE (STATE OR COUNTRY) Kentucky
16. INFORMANT'S SIGNATURE Arlie N. Tuggle ADDRESS Coolidge, Arizona
17. DATE OF DEATH (MONTH) October (DAY) 19, (YEAR) 1959

MEDICAL CERTIFICATION

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Coronary Occlusion, Myocardial Infarct
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)
DUE TO (C)
PLACE DISEASE CONTRACTED.
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
INTERVAL BETWEEN ONSET AND 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__ TO ____ 19__ THAT I LAST SAW THE DECEASED ALIVE ON March 12 1959 AND THAT DEATH OCCURRED AT 10:00 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE C. D. Johnson (DEGREE OR TITLE) M.D.
22B. ADDRESS Coolidge, Arizona
22C. DATE SIGNED 10/20/59

23A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL CAUSE ☒ (SPECIFY) Natural Causes
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 S. Westerman
24B. ADDRESS Coolidge, Arizona
24C. DATE SIGNED 10/20/59

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE 10/21/59
25C. NAME OF CEMETERY OR CREMATORY Valley Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Coolidge, Arizona
26A. DATE REC. BY LOCAL REG. 10-20-59
26B. REGISTRAR'S SIGNATURE Mrs Chas D Elledge
27A. FUNERAL DIRECTOR'S SIGNATURE Cole & Maud Mortuary
27B. ADDRESS Coolidge, Arizona
28A. EMBALMER'S SIGNATURE Giles L. Smith
28B. EMBALMER'S CERT. NO. 335

FORM VS-2 REV. 3-15-55 15M AMPCO 22509

Verified