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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9449

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 95

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 1 yr. IN ARIZONA 4 yrs.
C. CITY OR TOWN: Tempe — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 7302 Weber Drive

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Tempe — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET (IF RURAL, GIVE LOCATION) ADDRESS: 7302 Weber Drive
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) GEORGE B. (MIDDLE) O. C. (LAST) BATCHELOR
4. SEX: Male
5. COLOR OR RACE: Cau.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: CORINNE BATCHELOR
7. DATE OF BIRTH: MONTH Jan. DAY 10 YEAR 1884
8. AGE (IN YEARS LAST BIRTHDAY): 75 — 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): Plasterer
9B. KIND OF BUSINESS OR INDUSTRY: Construction
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.: 518-12-2321
14A. FATHER'S NAME: John Batchelor
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Isabel McDonald
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Mrs. Corinne Batchelor — ADDRESS: Tempe, Arizona
17. DATE OF DEATH (MONTH) DECEMBER (DAY) 6, (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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6 years

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 CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial asthma & emphysema — 10 years

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 1958 TO Dec 6 1959 THAT I LAST SAW THE DECEASED ALIVE ON Dec 6 1959 AND THAT DEATH OCCURRED AT 4:00 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Jared E. Foley MD
22B. ADDRESS: Scottsdale, Arizona
22C. DATE SIGNED: 12-8-59

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: 12-10-59
25C. NAME OF CEMETERY OR CREMATORY: GREEN ACRES MEMORIAL GARDENS
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): SCOTTSDALE, ARIZONA
26A. DATE REC. BY LOCAL REG.: 12-7-59
26B. REGISTRAR'S SIGNATURE: L. Lorenzo Griffith
27A. FUNERAL DIRECTOR'S SIGNATURE: CARR MORTUARY
27B. ADDRESS: TEMPE, ARIZONA
28A. EMBALMER'S SIGNATURE: Lawrence W. Carr
28B. EMBALMER'S CERT. NO. 2398

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37 — OF DEATH
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0
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EDICAL 4 FICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
ONER'S FICATION 1
NERAL ECTOR AND ISTRAR 10
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