ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. **4520**

CERTIFICATE OF DEATH

REGISTRAR'S NO. 120

BIRTH NO.

1. PLACE OF DEATH — A. COUNTY: Yuma
B. LENGTH OF STAY — IN THIS TOWN: 14 — IN ARIZONA: 14
C. CITY OR TOWN: Yuma — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): ~~1258 18th St Yuma Ariz~~

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) — A. STATE: Arizona — B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1258 18th St — E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): Mark — B. (MIDDLE): NMI — C. (LAST): Lowrey
4. SEX: M — 5. COLOR OR RACE: Cauc. — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Haynie(Owen) Lowrey — 7. DATE OF BIRTH: MONTH 8, DAY 15, YEAR 93 — 8. AGE (IN YEARS LAST BIRTHDAY): 66 — 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): Agricultural Aide
9B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt. — 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Celina, Tenn — 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): 1st World War — 13. SOCIAL SECURITY NO.: 292-12-0970
14A. FATHER'S NAME: William C. Lowrey — 14B. BIRTHPLACE (STATE OR COUNTRY): Sparta, Tenn — 15A. MOTHER'S MAIDEN NAME: Florence Martin — 15B. BIRTHPLACE (STATE OR COUNTRY): Celina, Tenn
16. INFORMANT'S SIGNATURE: Mark Lowery Jr. — ADDRESS: Ft Worth Texas — 17. DATE OF DEATH: (MONTH) May (DAY) 8 (YEAR) 1960

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) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis 2 years
DUE TO (C) Hypertensive Arteriosclerosis 5 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 Dec 18 19 60 TO 5/8 19 60 THAT I LAST SAW THE DECEASED ALIVE ON 5/7 19 60 AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] MD (DEGREE OR TITLE) — 22B. ADDRESS: Yuma Ariz — 22C. DATE SIGNED: 5/10/60

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?

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

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒ — 25B. DATE: May 11 1960 — 25C. NAME OF CEMETERY OR CREMATORY: Crestview Memorial Park — 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Gallatin Tenn
25A. DATE REC. BY LOCAL REG. 5-10-60 — 26B. REGISTRAR'S SIGNATURE: [illegible] — 27A. FUNERAL DIRECTOR'S SIGNATURE: A C Dorbal — 27B. ADDRESS: Box 310 Yuma Ariz
28A. EMBALMER'S SIGNATURE: Ray E Bowers — 28B. EMBALMER'S CERT. NO.: 168 A

FORM VS-2 REV. 3-15-55 — 25M AMPCO 26392