Punches

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7026

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. #73.

1. PLACE OF DEATH
A. COUNTY Graham
B. LENGTH OF STAY: IN THIS TOWN 1 yr; IN ARIZONA 50 yrs
C. CITY OR TOWN Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 907 Main Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Arizona
B. COUNTY Graham
C. CITY OR TOWN Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 907 Main Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Lloyd B. (MIDDLE) William C. (LAST) Hildreth
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Ruby
7. DATE OF BIRTH: MONTH Feb DAY 28 YEAR 1910
8. AGE (IN YEARS LAST BIRTHDAY): 50 — 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): Body man
9B. KIND OF BUSINESS OR INDUSTRY: Automotive
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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. 525-05-9856
14A. FATHER'S NAME: James Albert Hildreth
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Lydia Ann Combs
15B. BIRTHPLACE (STATE OR COUNTRY): West Virginia
16. INFORMANT'S SIGNATURE: X. Otha C. Waldrell — ADDRESS: Safford
17. DATE OF DEATH: (MONTH) Sept. (DAY) 17 (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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Alcoholic debauch — several days
DUE TO (C) Obesity

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 1 19__ TO 19__ THAT I LAST SAW THE DECEASED ALIVE ON 19__ AND THAT DEATH OCCURRED AT __ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: L. W. Knight (DEGREE OR TITLE) MD
22B. ADDRESS: Safford
22C. DATE SIGNED: 9-19-60

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural Cause
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): no injury
23C. (CITY OR TOWN) Safford (COUNTY) Graham (STATE) Ariz.
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) no injury M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? no injury

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: R. E. Clifford
24B. ADDRESS: Safford Arizona
24C. DATE SIGNED: 9-23-60

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9-19-60
25C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford Ariz.
26A. DATE REC. BY LOCAL REG.: Sep 24 1960
26B. REGISTRAR'S SIGNATURE: [illegible] Arizona
27A. FUNERAL DIRECTOR'S SIGNATURE: W. A. Caldwell
27B. ADDRESS: Safford Ariz.
28A. EMBALMER'S SIGNATURE: W. A. Caldwell
28B. EMBALMER'S CERT. NO. 241

FORM VS-3 (REV. 1-59)

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CEDENT RSONAL DATA
CAUSE OF DEATH (ITEM 18)
RATIONS UTOPSY
EDICAL TIFICATION
ONERS TIFICATION
UNERAL RECTOR AND GISTRAR