ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9974

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 382

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 40 yrs. IN ARIZONA 42 yrs.
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): D.O.A. Southside Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 442 E. Main
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): GEORGE
B. (MIDDLE): EDWARD
C. (LAST): CARDWELL

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Dora P. Cardwell
7. DATE OF BIRTH: MONTH 6 DAY 24 YEAR 1884
8. AGE (IN YEARS LAST BIRTHDAY): 76
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): Real Estate
9B. KIND OF BUSINESS OR INDUSTRY: Real Estate
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
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.: Not known
14A. FATHER'S NAME: Giles J. Cardwell
14B. BIRTHPLACE (STATE OR COUNTRY): West Virginia
15A. MOTHER'S MAIDEN NAME: Almeta Butler
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Dora P. Cardwell
ADDRESS: 442 E. Main Mesa, Ariz.

17. DATE OF DEATH (MONTH) December (DAY) 12, (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) (Arterio sclerotic Heart Disease)
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.
INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____ 19__, AND THAT DEATH OCCURRED AT ____ M. I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED ON Dec 12/12 1960 THAT I LAST SAW THE DECEASED ALIVE ON ____ 19__. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEC. MARICOPA COUNTY MEDICAL EXAMINER): Gary D Show MD Med. Exam.
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 12/12/60

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: Lawrence E. Wallace
24B. ADDRESS: 112 W. Main St. Mesa
24C. DATE SIGNED: 12-15-60

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 12/15/60
25C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Ariz.

26A. DATE REC. BY LOCAL REG. 12-15-60
26B. REGISTRAR'S SIGNATURE: R. H. Layfield Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: M. L. GIBBONS MORTUARY MESA, ARIZONA
28A. EMBALMER'S SIGNATURE: [illegible]
28B. EMBALMER'S CERT. NO. 211-A

FORM VS-2 REV. 8-9-60 - 25M