CERTIFIED
Punched

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 10360

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 321

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY — IN THIS TOWN: 21 Yrs — IN ARIZONA: 56 Yrs
C. CITY OR TOWN: Superior — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Magma Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN: Superior — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 820 Church St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) (John C. Farley) B. (MIDDLE) CLARK E. C. (LAST) FARLEY

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Josephine Farley
7. DATE OF BIRTH — MONTH: 10 DAY: 5 YEAR: 04
8. AGE (IN YEARS LAST BIRTHDAY): 56
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): Foreman Smelter
9B. KIND OF BUSINESS OR INDUSTRY: Smelter
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.
14A. FATHER'S NAME: Cass E. Farley
14B. BIRTHPLACE (STATE OR COUNTRY): Ky.
15A. MOTHER'S MAIDEN NAME: Mary Ann Blazzard
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Mrs. Josephine Farley — ADDRESS: Superior, Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Dec. 5, 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) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: unknown
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C) Lobar pneumonia — 4 days.
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 12/1 1960 TO 12/4 1960 THAT I LAST SAW THE DECEASED ALIVE ON 12/4 1960 AND THAT DEATH OCCURRED AT 7:20 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): John Oe Adams MD
22B. ADDRESS
22C. DATE SIGNED

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: 12-7-60
25C. NAME OF CEMETERY OR CREMATORY: Mesa City
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Ariz.
26A. DATE REC. BY LOCAL REG.: 12-7-60
26B. REGISTRAR'S SIGNATURE: R. H. Pomeroy
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: MELDRUM MORTUARY
28A. EMBALMER'S SIGNATURE: [illegible]
28B. EMBALMER'S CERT. NO.: 2284

FORM VS-2 REV. 3-15-55 — MELDRUM MORTUARY & CHAPEL