ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 10054

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 283

1. PLACE OF DEATH
A. COUNTY: YUMA
B. LENGTH OF STAY — IN THIS TOWN: 36 yrs; IN ARIZONA: 36 yrs
C. CITY OR TOWN: YUMA — [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): DOA Parkview Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: YUMA
C. CITY OR TOWN: YUMA — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 160 No 8th Ave
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MELVIN B. (MIDDLE) C. (LAST) LOZAR
4. SEX: M
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Nancy Lozar
7. DATE OF BIRTH — MONTH: Feb DAY: 13 YEAR: 1884
8. AGE (IN YEARS LAST BIRTHDAY): 77 — 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): BOILERMAKER
9B. KIND OF BUSINESS OR INDUSTRY: S.P. R. R.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MISSOURI
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.: 700-14-5840
14A. FATHER'S NAME: HARVEY LOZAR
14B. BIRTHPLACE (STATE OR COUNTRY): OHIO
15A. MOTHER'S MAIDEN NAME: LILLIAN WARNER
15B. BIRTHPLACE (STATE OR COUNTRY): OHIO
16. INFORMANT'S SIGNATURE — ADDRESS: GLENN LOZAR, 192 No 8th Ave., Yuma, Arizona
17. DATE OF DEATH — (MONTH) NOVEMBER (DAY) 23 (YEAR) 1961

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: Instant
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis — 10 yrs.
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — 10 yrs.

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__, TO 23 Nov., 19 61, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT D.O.A. approx 7:50 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: John F. Stanley (DEGREES OR TITLE) M.D.
22B. ADDRESS: Yuma, Arizona
22C. DATE SIGNED: 24 Nov. 61

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: Orsel C. Byrd Coroner
24B. ADDRESS: Yuma - ARIZona
24C. DATE SIGNED: 12-24-61

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: Nov 27, 1961
25C. NAME OF CEMETERY OR CREMATORY: DESERT LAWN MEMORIAL PARK
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): YUMA, YUMA, ARIZONA
26A. DATE REC. BY LOCAL REG.: 11-27-61
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: A G Dorda
27B. ADDRESS: Yuma, Arizona
28A. EMBALMER'S SIGNATURE: A G Dorda
28B. EMBALMER'S CERT. NO.: 364R

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136