Cochise.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 653

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 10

1. PLACE OF DEATH
A. COUNTY: Gila
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Miami
C. LENGTH OF STAY IN THIS PLACE: 3 yrs. IN ARIZONA: 30 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Miami Inspiration Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Gila
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Miami
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 400 1/2 Glass Cav.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Riley B. (MIDDLE) Clinton C. (LAST) Montgomery

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED

7. DATE OF BIRTH: MONTH Sept DAY 10 YEAR 1886

8. AGE: YEARS 63 MONTHS 5 DAYS 3

IF UNDER 24 HOURS: HOURS ____ MIN. ____

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Pump Man.

9B. KIND OF BUSINESS OR INDUSTRY

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas

11. CITIZEN OF WHAT COUNTRY?: U.S.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE): No

13. SOCIAL SECURITY NO.

14A. FATHER'S NAME: Jasper Reagan Montgomery

14B. BIRTHPLACE (STATE OR COUNTRY): Texas.

15A. MOTHER'S MAIDEN NAME: Sarah Anna Oxford

15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: Laura Milam ADDRESS

17. DATE OF DEATH (MONTH) Feb. (DAY) 13 (YEAR) 1950

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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) Rt Coronary Occlusion, Acute — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) Arteriosclerosis, Chronic

DUE TO (c) Acute Myocardiolocia, Coptrentenol,

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Acute dilatation of Left ventricle

19A. DATE OF OPERATION: 2/14/50 — Autopsy —

19B. MAJOR FINDINGS OF OPERATION: Rt Coronary occlusion / Acute Lt P Ventricular dilatation

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) —

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2/13 19 50 TO 2/13 19 50 THAT I LAST SAW THE DECEASED ALIVE ON ____ 19 ____. AND THAT DEATH OCCURRED AT 1:15 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Jane E Jones MD

23B. ADDRESS: Miami, Arizona

23C. DATE SIGNED: 2/17/50

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: 2/15/50

24C. NAME OF CEMETERY OR CREMATORY: Pinal Camp Pay

24D. LOCATION (CITY, TOWN) (COUNTY) (STATE): Miami Gila

25A. DATE REC'D BY LOCAL REG.: Feb 20 1950

25B. REGISTRAR'S SIGNATURE: Arlene D Boyles

26. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: D. Hyde Miami

27. EMBALMER'S SIGNATURE: D. Hyde

CERT. NO. 244

FORM VS 2 REV. 4-49 15M