ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2879

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 65

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Yuma Rural
C. LENGTH OF STAY: IN THIS PLACE 1 year; IN ARIZONA 1 year
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yuma General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Colorado
B. COUNTY:
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Pueblo
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 115 Third Street

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) LOREN B. (MIDDLE) EUGENE C. (LAST) BORGE
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED
7. DATE OF BIRTH: MONTH Dec DAY 7 YEAR 1930
8. AGE: YEARS 22 MONTHS 4 DAYS 5
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Corporal
9B. KIND OF BUSINESS OR INDUSTRY: Air Force
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Minn.
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes (IF YES, WAR OR DATES OF SERVICE) current
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: Ernest Wm. Borge
14B. BIRTHPLACE (STATE OR COUNTRY): Minn.
15A. MOTHER'S MAIDEN NAME: Ella Isaacson
15B. BIRTHPLACE (STATE OR COUNTRY): Wisconsin
16. INFORMANT'S SIGNATURE: Air Force Records ADDRESS: Yuma, Arizona
17. DATE OF DEATH (MONTH) April (DAY) 12 (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 8334
*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) Anoxemia due to extreme pulmonary hem. rt. — INTERVAL BETWEEN ONSET AND DEATH: 22 hr
DUE TO (b) Massive atelectasis, left — 22 hrs
DUE TO (c) Rupture of left diaphragm with evisceration of stomach, spleen and jejunum into left chest — 22 hr
Massive contusion thorax and abodomen from car accident.

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

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of rt 10th rib -subcutaneous emphysema -extensive laceration of rt. axilla.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: 4-11-53
19B. MAJOR FINDINGS OF OPERATION: Repair of rt. axilla and catheter in rt. chest
20. AUTOPSY? YES ☒ NO ☐

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ (SPECIFY) accident
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Ross Corner-Highway 95, Yuma
21C. (CITY OR TOWN) Yuma (COUNTY) Yuma (STATE) Arizona
21D. TIME OF INJURY (MONTH) (DAY) 4-11-53 (YEAR) (HOUR) 3:40P M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? car turned over

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-11-53, 19 53, TO 4-12, 19 53, THAT I LAST SAW THE DECEASED ALIVE ON 4-12, 19 53, AND THAT DEATH OCCURRED AT 5:40P M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE) [signature] M.D.
23B. ADDRESS: Yuma, Arizona
23C. DATE SIGNED: 4-13-53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 4-15-53
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Joliet, Mo.
25A. DATE REC'D BY LOCAL REG.: 4-13-53
25B. REGISTRAR'S SIGNATURE: Marie Nelson
26. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary, Inc. R E Johnson ADDRESS: Box 310 Yuma, Arizona
27. EMBALMER'S SIGNATURE: R E Johnson CERT. NO. 246A

FORM VS 2 REV. 8-50 20M