ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3872

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 176.

1. PLACE OF DEATH
A. COUNTY: GILA
B. LENGTH OF STAY — IN THIS TOWN: 33 — IN ARIZONA: 33
C. CITY OR TOWN: Globe — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): GILA GENERAL HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZ.
B. COUNTY: GILA
C. CITY OR TOWN: Miami — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): GLOBE Miami - Superior Highway

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST): RITA — B. (MIDDLE): — C. (LAST): Mc LANE
4. SEX: FEMAL
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: LLOYD McLANE
7. DATE OF BIRTH — MONTH: JUNE — DAY: 10 — YEAR: 1921
8. AGE (IN YEARS LAST BIRTHDAY): 33 — IF UNDER 1 YEAR: MONTHS: 0 — DAYS: 27 — IF UNDER 24 HRS.: HOURS: — MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): HOUSEWIFE
9B. KIND OF BUSINESS OR INDUSTRY: Own Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ARIZ.
11. CITIZEN OF WHAT COUNTRY? U.S. STATE
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.: NONE
14A. FATHER'S NAME: Y.S. CLARK
14B. BIRTHPLACE (STATE OR COUNTRY): TEXAS
15A. MOTHER'S MAIDEN NAME: CARY FINNIGAN
15B. BIRTHPLACE (STATE OR COUNTRY): ARIZ.
16. INFORMANT'S SIGNATURE: X Lloyd McLane — ADDRESS: Miami, Ariz.

17. DATE OF DEATH — (MONTH): JULY — (DAY): 7 — (YEAR): 1954

CAUSE OF DEATH (ITEM 18)

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Cardiac decompensation, acute — INTERVAL BETWEEN ONSET AND DEATH: 11 hr
ANTECEDENT CAUSES — MORBID CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. — DUE TO (B) Rheumatic endocarditis — 4 years
DUE TO (C)
11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS AND AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

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?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-8, 1954, TO 7-7, 1954, AND THAT DEATH OCCURRED AT 4:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. I LAST SAW THE DECEASED ALIVE ON 7-7, 1954.
23A. SIGNATURE (DEGREE OR TITLE): Walton O Brim MD
23B. ADDRESS: Globe Arizona
23C. DATE SIGNED: 7-8-54

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: July 3, 1954
24C. NAME OF CEMETERY OR CREMATORY: Pinal Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Miami, Arizona
25A. DATE REC'D BY LOCAL REG.: 7-8-54
25B. REGISTRAR'S SIGNATURE: Irene Hawkins
26. FUNERAL DIRECTOR'S SIGNATURE: W H McLellan — ADDRESS: Miami
27. EMBALMER'S SIGNATURE: W H McLellan — CERT. NO.: 200A

FORM VS 2 REV. 1-1-53