

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. **3884**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **61**

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE DEATH)	
	A. COUNTY <b>Graham</b>		IN THIS TOWN <b>66</b> IN ARIZONA <b>66</b>		A. STATE <b>Ariz</b>	
	C. CITY OR TOWN <b>Saff Central</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		B. COUNTY <b>Graham</b>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	

DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX	5. COLOR OR RACE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
	<b>LAURA JANE LOFGREEN FM.</b>			<b>W</b>	<b>W</b>	<b>Widow</b>	
	6B. NAME OF SPOUSE		7. DATE OF BIRTH (MONTH DAY YEAR)	8. AGE (IN YEARS LAST BIRTHDAY)	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)		
	<b>James Lofgreen</b>		<b>Aug 22 1888</b>	<b>66</b>	<b>Housework</b>		
754	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. CITIZEN OF WHAT COUNTRY?	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN)	13. SOCIAL SECURITY NO.		
	<b>Home</b>	<b>Ariz</b>	<b>U.S.</b>	<b>No</b>	<b>No</b>		
	14A. FATHER'S NAME	14B. BIRTHPLACE (STATE OR COUNTRY)	15A. MOTHER'S MAIDEN NAME	15B. BIRTHPLACE (STATE OR COUNTRY)			
	<b>Thomas Webster</b>	<b>England</b>	<b>Mary Elmer</b>	<b>Unknown</b>			
16. INFORMANT'S SIGNATURE			17. DATE OF DEATH (MONTH DAY YEAR)				
<b>Mary Brown</b>			<b>July 8 - 1954</b>				

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	<b>Stroke</b>	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A)	<b>Cerebral stroke</b>	<b>1 hour</b>
	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	DUE TO (B)	<b>Arteriosclerosis</b>
PLACE DISEASE CONTRACTED.	11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	DUE TO (C)		

OPERATIONS AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
MEDICAL OR CORONER'S CERTIFICATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
FUNERAL DIRECTOR AND REGISTRAR	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Oct 6, 1953</b> TO <b>July 8, 1954</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>July 8, 1954</b> , AND THAT DEATH OCCURRED AT <b>7:30 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE <b>R. S. Miller M.D.</b>	23B. ADDRESS <b>Safford, Ariz</b>	23C. DATE SIGNED <b>July 9, 1954</b>	
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <b>July 10-54</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Central</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Central Ariz</b>
	25A. DATE REC'D BY LOCAL REG <b>July 1954</b>	25B. REGISTRAR'S SIGNATURE <b>W. C. Rawson</b>	26. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Rawson</b>	27. EMBALMER'S SIGNATURE <b>W. C. Rawson</b>
				CERT. NO. <b>116</b>