ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 79

CERTIFICATE OF DEATH

BIRTH NO. 204

REGISTRAR'S NO. 12.

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

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Graham
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Pima
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Across street west of High School

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Michael
B. (MIDDLE): Kenneth
C. (LAST): Beals

4. SEX: M
5. COLOR OR RACE: W

6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Jan DAY 29 YEAR 52
8. AGE: YEARS ___ MONTHS ___ DAYS 2
IF UNDER 24 HOURS: HOURS ___ MIN. ___
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): infant
9B. KIND OF BUSINESS OR INDUSTRY: —
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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. —
14A. FATHER'S NAME: Kenneth R. Beals
14B. BIRTHPLACE (STATE OR COUNTRY): New Mexico
15A. MOTHER'S MAIDEN NAME: Vanada Moore
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Kenneth R. Beals ADDRESS: Pima Ariz.
17. DATE OF DEATH: (MONTH) January (DAY) 31, (YEAR) 1952

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) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 30 hours.

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

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
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 1/29/52, 19___ TO 1/30/52, 19___ THAT I LAST SAW THE DECEASED ALIVE ON 1/30/52, 19___, AND THAT DEATH OCCURRED AT 1:30 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: John W. Moon (DEGREE OR TITLE) M.D.
23B. ADDRESS: Safford, Arizona
23C. DATE SIGNED: 2/1/52

24A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
24B. DATE: Jan 31-1952
24C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Arizona
25A. DATE REC'D BY LOCAL REG.: Feb 1, 1952
25B. REGISTRAR'S SIGNATURE: J. M. Stratton M.D. Deputy C. H. Lopez
26. FUNERAL DIRECTOR'S SIGNATURE: W H Caldwell ADDRESS: Safford
27. EMBALMER'S SIGNATURE: W H Caldwell CERT. NO. 291A

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