(2)

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5674

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 82

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: 67 IN ARIZONA: 10 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Safford Inn Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz
B. COUNTY: Graham
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Safford. 515-2 Ave
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 628- Central Ave

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) SAMUEL B. (MIDDLE) O C. (LAST) WILLIAMS
4. SEX: M.
5. COLOR OR RACE: W.
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Mar DAY 14 YEAR 1874
8. AGE: YEARS 78 MONTHS 4 DAYS 2
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Farmer
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? U. S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): (IF YES, WAR OR DATES OF SERVICE): —
13. SOCIAL SECURITY NO.: No
14A. FATHER'S NAME: Geo. N. Williams
14B. BIRTHPLACE (STATE OR COUNTRY): Ill
15A. MOTHER'S MAIDEN NAME: Lydia Ferrin
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: x Helen W. Crandall ADDRESS: Safford Ariz
17. DATE OF DEATH (MONTH) Oct. (DAY) 16 (YEAR) 1952

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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Myocardial Infarction - Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2-3 min.

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Arteriosclerotic Heart disease — 2 years
DUE TO (c) Complete heart block — 2 years

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

OPERATIONS, 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 CORONER'S CERTIFICATION
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-28-51 TO 10-16-52 THAT I LAST SAW THE DECEASED ALIVE ON 10-16-52 AND THAT DEATH OCCURRED AT 6:30 M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): John W Mason MD
23B. ADDRESS: Safford, Arizona
23C. DATE SIGNED: 10-17-52

FUNERAL DIRECTOR AND REGISTRAR
24A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
24B. DATE: Oct 20-52
24C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz
25A. DATE REC'D BY LOCAL REG.: October 20/52.
25B. REGISTRAR'S SIGNATURE: J. H. Stratton M.D. / Deputy O. H. Lopez
26. FUNERAL DIRECTOR'S SIGNATURE: W. C. Rawson — ADDRESS: Safford
27. EMBALMER'S SIGNATURE: W. C. Rawson — CERT. NO.: 116

FORM VS 2 REV. 2011