ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 5869

BIRTH NO.

REGISTRAR'S NO. 149

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 45 yrs; IN ARIZONA: 45 yrs
C. CITY OR TOWN: Elfrida — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Grasslands Ranch

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz. COUNTY: Cochise
C. CITY OR TOWN: Elfrida — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Grasslands Ranch

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Roscoe B. (MIDDLE) Frederick C. (LAST) Burnett

4. SEX: m
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 1 DAY: 9 YEAR: 1891
8. AGE (IN YEARS LAST BIRTHDAY): 64 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Cattle
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U S
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: Stephen F. Burnett
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
15A. MOTHER'S MAIDEN NAME: Lelia Slay
15B. BIRTHPLACE (STATE OR COUNTRY): Ala.
16. INFORMANT'S SIGNATURE: Robert Burnett, Elfrida, Ariz. ADDRESS:
17. DATE OF DEATH — (MONTH) 10 (DAY) 22 (YEAR) 1955

MEDICAL CERTIFICATION

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.

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Coronary Heart attack — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)
DUE TO (C)
11. 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 ____, 19__ TO ____, 19__ THAT I LAST SAW THE DECEASED ALIVE ON Dead 10-23-1955 AND THAT DEATH OCCURRED AT 1:55 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: G B Reay MD (DEGREE OR TITLE)
23B. ADDRESS: Douglas Ariz
23C. DATE SIGNED: 10-24-55

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 10/26/55
24C. NAME OF CEMETERY OR CREMATORY: Pearce Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pearce, Ariz.
25A. DATE REC'D BY LOCAL REG.: Oct. 25/55
25B. REGISTRAR'S SIGNATURE: Geo. Adamson.
26. FUNERAL DIRECTOR'S SIGNATURE: Paulos Brown
27. EMBALMER'S SIGNATURE: Paulos Brown
ADDRESS: Douglas
CERT. NO. 228

FORM VS 2 REV. 1-1-53