ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0748

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 67

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 53 Yrs. IN ARIZONA 53 Yrs.
C. CITY OR TOWN: Benson ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Benson Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Benson ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rural P. O. Box 241

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) May B. (MIDDLE) Kelley C. (LAST) Sabin
4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: John Henry Sabin
7. DATE OF BIRTH: MONTH 1 DAY 11 YEAR 1895
8. AGE (IN YEARS LAST BIRTHDAY): 61 Yrs.
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kentucky
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: John Samuel Kelley
14B. BIRTHPLACE (STATE OR COUNTRY): Kentucky
15A. MOTHER'S MAIDEN NAME: Mary Ellen Smith
15B. BIRTHPLACE (STATE OR COUNTRY): Kentucky
16. INFORMANT'S SIGNATURE: John H. Sabin ADDRESS: Box 241, Benson, Ariz.
17. DATE OF DEATH (MONTH) February (DAY) 1, (YEAR) 1956

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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: 20 Hrs.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM January, 19 55, TO February 1, 19 56, THAT I LAST SAW THE DECEASED ALIVE ON February 1, 19 56, AND THAT DEATH OCCURRED AT 5:30 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John M. Hesser (DEGREE OR TITLE) M. D.
22B. ADDRESS: Benson Hospital, Benson, Arizona
22C. DATE SIGNED: 2-1-56

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 2-1-56
25C. NAME OF CEMETERY OR CREMATORY: L. D. S. Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): St. David, Arizona.
26A. DATE REC. BY LOCAL REG.: 2-14-56
26B. REGISTRAR'S SIGNATURE: Amy Lemmy Dep. Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
27B. ADDRESS: Bring's Funeral Home Tucson, Arizona.

FORM VS-2 REV. 6-1-53 AMPCO 77595