Punch Punched

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2286

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 25

1. PLACE OF DEATH
A. COUNTY: GRAHAM
B. LENGTH OF STAY: IN THIS TOWN 3 | IN ARIZONA 73
C. CITY OR TOWN: SAFFORD ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
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: GREENLEE
C. CITY OR TOWN: DUNCAN ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) EDITH B. (MIDDLE) SOPHIA C. (LAST) QUINN

4. SEX: FEMALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):
6B. NAME OF SPOUSE: GEORGE W QUINN
7. DATE OF BIRTH: MONTH SEPT DAY 10 YEAR 1881
8. AGE (IN YEARS LAST BIRTHDAY): 74 | 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:
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): NO (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: HIRAM H. TIPPETS
14B. BIRTHPLACE (STATE OR COUNTRY): UTAH
15A. MOTHER'S MAIDEN NAME: MARY E. TIPPETS
15B. BIRTHPLACE (STATE OR COUNTRY): MISSOURI
16. INFORMANT'S SIGNATURE: Margie Perry ADDRESS: Franklin
17. DATE OF DEATH (MONTH) April (DAY) 9 (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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Myocardial Decomp. — 7 days
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 4/1, 1956 TO 4/2, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 4/2, 1956, AND THAT DEATH OCCURRED AT 1:02 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: J E Nelson MD (DEGREE OR TITLE)
22B. ADDRESS: 503 5th Ave Safford
22C. DATE SIGNED: 4/4/56

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: April 5-56
25C. NAME OF CEMETERY OR CREMATORY: Franklin
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Franklin Ariz
26A. DATE REC. BY LOCAL REG.: April 4-56
26B. REGISTRAR'S SIGNATURE: M Stratton MD
27A. FUNERAL DIRECTOR'S SIGNATURE: N. C. Rawson
27B. ADDRESS: Safford, Ariz

FORM VS-2 REV. 6-1-53 AMPCO 70 Signed Dr Jones

06 OF DEATH
AND 19
RESIDENCE
2407
CEDENT
RSONAL
DATA 174
4
456
4222
CAUSE
OF
DEATH
EM 18) 0
0
RATIONS, 4
ITOPSY
EDICAL 1
FICATION 1
DEATH
DUE TO
EXTERNAL
VIOLENCE
RONER'S
FICATION 1
NERAL 25
ECTOR
AND 2
ISTRAR
173