Punched

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2980

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 36

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN: 5 yrs; IN ARIZONA: 57 yrs
C. CITY OR TOWN: Pima — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): —

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

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): IDA
B. (MIDDLE): D.
C. (LAST): FARRINGTON

4. SEX: FM
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: C. L. Farrington
7. DATE OF BIRTH: MONTH 1 DAY 9 YEAR 1880
8. AGE (IN YEARS LAST BIRTHDAY): 76
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): Home
9B. KIND OF BUSINESS OR INDUSTRY: Housework
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Alabama
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.: —
14A. FATHER'S NAME: Joseph Stinson
14B. BIRTHPLACE (STATE OR COUNTRY): Ala
15A. MOTHER'S MAIDEN NAME: Sarah Hart Jones
15B. BIRTHPLACE (STATE OR COUNTRY): Ala
16. INFORMANT'S SIGNATURE: Allie Lines — ADDRESS: Pima Ariz
17. DATE OF DEATH (MONTH) (DAY) (YEAR): May 16 - 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH
(A) Arteriosclerotic Heart Disease
DUE TO (B) Generalized Arteriosclerosis
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: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 1956 TO May 16 1956, THAT I LAST SAW THE DECEASED ALIVE ON May 14, 1956, AND THAT DEATH OCCURRED AT 11 A.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: M. Sandino (DEGREE OR TITLE) MD
22B. ADDRESS: Safford Arizona
22C. DATE SIGNED: 5-19-56

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: May 18-56
25C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz
26A. DATE REC. BY LOCAL REG.: May 19-56
26B. REGISTRAR'S SIGNATURE: M. Hatten Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: M. C. Rawson
27B. ADDRESS: Safford

FORM VS-2 REV. 6-1-53 AMPCO 70305