ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4995

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 29

1. PLACE OF DEATH
A. COUNTY: GREENLEE
B. LENGTH OF STAY IN THIS TOWN: 3 yr. IN ARIZONA: 3 yr.
C. CITY OR TOWN: DUNCAN — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Home Madison St.

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Thomas B. (MIDDLE) Mosby C. (LAST) Caperton

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: Hazel Beatrice Caper
7. DATE OF BIRTH: MONTH 1 DAY 13 YEAR 1897
8. AGE (IN YEARS LAST BIRTHDAY): 59 yr.
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): FARMER
9B. KIND OF BUSINESS OR INDUSTRY: FARMING
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): TEXAS
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): YES (IF YES, WAR OR DATES OF SERVICE): World War #1
13. SOCIAL SECURITY NO.: 526-32-5874
14A. FATHER'S NAME: William Edgar Caperton
14B. BIRTHPLACE (STATE OR COUNTRY): Not Known
15A. MOTHER'S MAIDEN NAME: Emma (MAIDEN NAME UNKNOWN)
15B. BIRTHPLACE (STATE OR COUNTRY): TEXAS
16. INFORMANT'S SIGNATURE: Grover B. Caperton — ADDRESS: Duncan
17. DATE OF DEATH: (MONTH) August (DAY) 2nd (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
(A) Cardio-Respiratory Collapse — 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) Metastatic Carcinoma — 6 months
DUE TO (C) Primary Carcinoma of Stomach
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 April 1956 TO August 1956, THAT I LAST SAW THE DECEASED ALIVE ON 8/2/56, 1956, AND THAT DEATH OCCURRED AT 2:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Joseph J. Trust D.O.
22B. ADDRESS: Duncan Arizona
22C. DATE SIGNED: 8/2/56

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (ETC., 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: 8/5/56
25C. NAME OF CEMETERY OR CREMATORY: Duncan
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Duncan Ariz
26A. DATE REC. BY LOCAL REG.: 8-6-56
26B. REGISTRAR'S SIGNATURE: Mrs. Osborne N. Smith, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: Clifton Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 70385