ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5605

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 55

1. PLACE OF DEATH
A. COUNTY Graham
B. LENGTH OF STAY IN THIS TOWN / IN ARIZONA
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 Graham
C. CITY OR TOWN Fort Grant ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Charles B. (MIDDLE) Emsley C. (LAST) Talley
4. SEX Male
5. COLOR OR RACE White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
6B. NAME OF SPOUSE None.
7. DATE OF BIRTH MONTH May DAY 18 YEAR 189[illegible]
8. AGE (IN YEARS LAST BIRTHDAY) 65 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) Cowboy
9B. KIND OF BUSINESS OR INDUSTRY
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ariz.
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. 527-16-0376
14A. FATHER'S NAME Thomas Talley
14B. BIRTHPLACE (STATE OR COUNTRY) Tenn. Va.
15A. MOTHER'S MAIDEN NAME Mary Golding
15B. BIRTHPLACE (STATE OR COUNTRY)
16. INFORMANT'S SIGNATURE x Charles Ernest Talley ADDRESS Fort Grant
17. DATE OF DEATH (MONTH) Sept. (DAY) 15 (YEAR) 56

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) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH 2 years.
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 Sept 13, 19 56, TO Sept 13, 19 56, THAT I LAST SAW THE DECEASED ALIVE ON Sept 13, 19 56, AND THAT DEATH OCCURRED AT 8:00 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS Safford Arizona
22C. DATE SIGNED 9-18-56

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE Sept. 17-56
25C. NAME OF CEMETERY OR CREMATORY Graham
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Graham
26A. DATE REC. BY LOCAL REG. Sept 7, 1956
26B. REGISTRAR'S SIGNATURE [signature] M.D. Deputy [signature]
27A. FUNERAL DIRECTOR'S SIGNATURE H. C. Rawson
27B. ADDRESS Safford Ariz

FORM VS-2 REV. 8-1-53 AMPCO 77595

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