ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6878

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 68

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY — IN THIS TOWN: 64 IN ARIZONA: 54
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):

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

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): EARL B. (MIDDLE): C. (LAST): CARNES

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

6B. NAME OF SPOUSE: Lois Carnes

7. DATE OF BIRTH — MONTH: 7 DAY: 26 YEAR: 1902

8. AGE (IN YEARS LAST BIRTHDAY): 54 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): Gas service

9B. KIND OF BUSINESS OR INDUSTRY: Gas

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.: 527-14-0612

14A. FATHER'S NAME: Henry E Carnes

14B. BIRTHPLACE (STATE OR COUNTRY): W. Virginia

15A. MOTHER'S MAIDEN NAME: Minnie Crum

15B. BIRTHPLACE (STATE OR COUNTRY): W. Virginia

16. INFORMANT'S SIGNATURE: x Zella Carnes Brown ADDRESS:

17. DATE OF DEATH (MONTH) (DAY) (YEAR): Nov 18 - 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) Coronary occulsion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

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 Mar 21 1956, TO Nov 18, 1956, THAT LAST SAW THE DECEASED ALIVE ON Nov 18, 1956, AND THAT DEATH OCCURRED AT 9:10 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE R. Miller (DEGREE OR TITLE) MD **22B. ADDRESS** Safford, Arizona **22C. DATE SIGNED** 11-19-56

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: J. M. Stratton M.D.
24B. ADDRESS: Safford
24C. DATE SIGNED: 11/19/56

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Nov. 20 - 56
25C. NAME OF CEMETERY OR CREMATORY: Safford
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Ariz
26A. DATE REC. BY LOCAL REG.: November 19/56
26B. REGISTRAR'S SIGNATURE: J. M. Stratton M.D. Deputy C.H. Ross
27A. FUNERAL DIRECTOR'S SIGNATURE: H. C. Rawson
27B. ADDRESS: Safford

FORM VS-2 REV. 6-1-53 AMPCO 70