ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7650

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 73.

E OF DEATH 05
3 AND 33
L RESIDENCE
X

1. PLACE OF DEATH
A. COUNTY Graham
B. LENGTH OF STAY IN THIS TOWN 75 yrs IN ARIZONA 75 yrs
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)

ECEDENT
ERSONAL
DATA 183

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Wm. B. (MIDDLE) HINTON C. (LAST) MULLENEAUX
4. SEX M
5. COLOR OR RACE W.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
6B. NAME OF SPOUSE
7. DATE OF BIRTH MONTH Nov DAY 4 YEAR 1873
8. AGE (IN YEARS LAST BIRTHDAY) 83
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)
9B. KIND OF BUSINESS OR INDUSTRY Rancher
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ark.
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 Albert Mullenaux
14B. BIRTHPLACE (STATE OR COUNTRY) Unknown
15A. MOTHER'S MAIDEN NAME Martha Jones
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
16. INFORMANT'S SIGNATURE Alice Jones ADDRESS Safford
17. DATE OF DEATH (MONTH) (DAY) (YEAR) Dec 6 - 1956

CAUSE OF DEATH
TEM 18) 0
0

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) UNKNOWN - DECEASED WAS DEAD UPON MY ARRIVAL
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.

INTERVAL BETWEEN ONSET AND DEATH

RATIONS, UTOPSY 4
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

EDICAL IFICATION
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ON DEC. 6, 1956, TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT 5:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE) Charles H. Karr, M. D.
22B. ADDRESS Safford, Arizona
22C. DATE SIGNED 10 Dec. 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?

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

UNERAL RECTOR AND GISTRAR 25 12
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE Dec. 9-56
25C. NAME OF CEMETERY OR CREMATORY Safford
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Safford, Ariz
26A. DATE REC. BY LOCAL REG. Dec 9-56
26B. REGISTRAR'S SIGNATURE W. H. Hatton M. D. Deputy O H Lyons
27A. FUNERAL DIRECTOR'S SIGNATURE W. C. Rawson
27B. ADDRESS Safford.

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