ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7884

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 297

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 15 Yrs. IN ARIZONA 60 yrs
C. CITY OR TOWN: MESA ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1024 W. 8th St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: MARICOPA
C. CITY OR TOWN: MESA ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1024 W. 8TH St.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) CHARLES B. (MIDDLE) MITCHEL C. (LAST) BEALS

4. SEX: M
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: MARY FRANCES DEES
7. DATE OF BIRTH: MONTH APR DAY 10 YEAR 1875
8. AGE (IN YEARS LAST BIRTHDAY): 81
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: Own Farm
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): TENNESSEE
11. CITIZEN OF WHAT COUNTRY? USA.
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.: None
14A. FATHER'S NAME: JOHN SIMPSON BEALS
14B. BIRTHPLACE (STATE OR COUNTRY): TENNESSEE
15A. MOTHER'S MAIDEN NAME: ELIZABETH DYER
15B. BIRTHPLACE (STATE OR COUNTRY): TENNESSEE
16. INFORMANT'S SIGNATURE: x Arthur R Beals ADDRESS: Mesa, Ariz
17. DATE OF DEATH (MONTH) DECEMBER (DAY) 28 (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12/28/56

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Chr. hypertension — Several years
DUE TO (C) Chr. Arteriosclerosis — Several years

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Chr. Nephrosclerosis — Several years

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec. 1, 1956, TO Dec. 28, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 12-28, 1956, AND THAT DEATH OCCURRED AT 7:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Hazel H. McLenore, M.D.
22B. ADDRESS: 24 N. Hibbert St. Mesa, Ariz.
22C. DATE SIGNED: 12/28/56

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: 12-28-56
25C. NAME OF CEMETERY OR CREMATORY: PIMA CEMETERY
25D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Phoenix, Ariz.
26A. DATE REC. BY LOCAL REG.: 12-28-56
26B. REGISTRAR'S SIGNATURE: Grace Muldrum Dep.
26A. FUNERAL DIRECTOR'S SIGNATURE: Sharp & Allen 135-A
26B. ADDRESS: Chandler, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 6-54 15M 79573