ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0702

CERTIFICATE OF DEATH

BIRTH NO. | REGISTRAR'S NO. 111

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH — A. COUNTY: Yavapai — B. LENGTH OF STAY: IN THIS TOWN: 1 day; IN ARIZONA: 44 yrs
C. CITY OR TOWN: Prescott — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mission Lodge-E Gurley

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) — A. STATE: Arizona — B. COUNTY: Gila
C. CITY OR TOWN: Globe — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 201 E Cedar St — (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Henry — B. (MIDDLE) D — C. (LAST) Besner
4. SEX: M — 5. COLOR OR RACE: White — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Isabelle Z Besner — 7. DATE OF BIRTH: MONTH Aug DAY 5 YEAR 1912 — 8. AGE (IN YEARS LAST BIRTHDAY): 44 — 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): Welder
9B. KIND OF BUSINESS OR INDUSTRY: Drilling Co. — 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona — 11. CITIZEN OF WHAT COUNTRY? U.S.A. — 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.: 560 16 5077
14A. FATHER'S NAME: John B. Besner — 14B. BIRTHPLACE (STATE OR COUNTRY): Arizona — 15A. MOTHER'S MAIDEN NAME: Harriet Ann Webster — 15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE — ADDRESS: Mrs. Isabelle Z. Besner, Globe, Arizona — 17. DATE OF DEATH: (MONTH) January (DAY) 5 (YEAR) 1957

CAUSE OF DEATH (ITEM 18)

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‡ — MEDICAL CERTIFICATION — (A) Probably Acute Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour.
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.

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____, 19__, TO ____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT about 1:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Larry D. Cauthorn M.D. — 22B. ADDRESS: Prescott, Arizona. — 22C. DATE SIGNED: 1-7-57

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: Ivan J. Seaman — 24B. ADDRESS: Prescott, Arizona — 24C. DATE SIGNED: January 9-57

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒ — 25B. DATE: 1-6-57 — 25C. NAME OF CEMETERY OR CREMATORY: Pinal Cemetery — 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Miami, Arizona
26A. DATE REC. BY LOCAL REG.: 1/9/57 — 26B. REGISTRAR'S SIGNATURE: Barbara Stewart Dep — 27A. FUNERAL DIRECTOR'S SIGNATURE: L. W. Ruffner — 27B. ADDRESS: Prescott, Arizona
28. EMBALMER'S SIGNATURE: L. W. Ruffner — 28B. EMBALMER'S CERT. NO.: 247-A

FORM VS-2 REV. 3-15-55