ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5804

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 128

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 4 days — IN ARIZONA: 45yrs.
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Douglas, Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — B. COUNTY: Cochise
C. CITY OR TOWN: Elfrida — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Lee — B. (MIDDLE) T. — C. (LAST) Burnett

4. SEX: Male — 5. COLOR OR RACE: White — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Grace Burnett — 7. DATE OF BIRTH: MONTH 1, DAY 30, YEAR 89 — 8. AGE (IN YEARS LAST BIRTHDAY): 68 — 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): Rancher

9B. KIND OF BUSINESS OR INDUSTRY: Self — 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas — 11. CITIZEN OF WHAT COUNTRY?: U. S. — 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): yes (IF YES, WAR OR DATES OF SERVICE): 2 — 13. SOCIAL SECURITY NO.: ?

14A. FATHER'S NAME: Stephen Franklin Burnett — 14B. BIRTHPLACE (STATE OR COUNTRY): Texas — 15A. MOTHER'S MAIDEN NAME: Lelia Slay Burnett — 15B. BIRTHPLACE (STATE OR COUNTRY): Unknown

16. INFORMANT'S SIGNATURE: Lee T. Burnett — ADDRESS: Elfrida, Ariz.

17. DATE OF DEATH: MONTH 9, DAY 14, YEAR 57

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) Spontaneous Pneumothorax — INTERVAL BETWEEN ONSET AND DEATH: 4 days
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Emphysema — not known
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Duodenal ulcer — 6 month; Coronary thrombosis — 2 years

19A. DATE OF OPERATION — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9/14, 1957 TO 9/14, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 9/14, 1957, AND THAT DEATH OCCURRED AT 7 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: R. E. Montgomery M.D. (DEGREE OR TITLE) — 22B. ADDRESS: Douglas — 22C. DATE SIGNED: 9/19/57

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 — 24B. ADDRESS — 24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL [X] CREMATION [ ] REMOVAL [ ] — 25B. DATE: 9-17-57 — 25C. NAME OF CEMETERY OR CREMATORY: Pearce — 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pearce, Arizona
26A. DATE REC. BY LOCAL REG.: Sept. 18/57 — 26B. REGISTRAR'S SIGNATURE: C. W. Adamson — 27A. FUNERAL DIRECTOR'S SIGNATURE: Gordon Brown — 27B. ADDRESS: Douglas, Ariz.

FORM VS-2 REV. 6-1-55 AMPCO 77598