ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0104

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 5

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN / IN ARIZONA
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): Safford Inn Hospital

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Franklin B. (MIDDLE) Drew C. (LAST) Whitmer
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH Jan DAY 13 YEAR 58
8. AGE (IN YEARS LAST BIRTHDAY): 30 (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:
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, WAS ON DATES OF SERVICE)
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: James Benjamin Whitmer
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Ruth Cheney
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Ruby Stinson ADDRESS: Safford Ariz
17. DATE OF DEATH: (MONTH) January (DAY) 13 (YEAR) 1958

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) Premature
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) (6 months)
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: 1/hour

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/13, 1958, TO 1/13, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 1/13, 1958, AND THAT DEATH OCCURRED AT 1:56 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): [illegible] M.D.
22B. ADDRESS: Safford Ariz
22C. DATE SIGNED: 1/13/58

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 1-13-1958
25C. NAME OF CEMETERY OR CREMATORY: Central
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Central, Arizona
26A. DATE REC. BY LOCAL REG.: Jan-13-58
26B. REGISTRAR'S SIGNATURE: Philip H. Long
27A. FUNERAL DIRECTOR'S SIGNATURE: BODY WAS NOT EMBALMED [illegible]
27B. ADDRESS: Safford, Ariz
28. EMBALMER'S SIGNATURE: Not Embalmed.
28B. EMBALMER'S CERT. NO.

FORM VS-2 REV. 2-15-55

95 05 CE OF DEATH
13 AND 98 AL RESIDENCE
0407
DECEDENT PERSONAL DATA 701
0
158
776X CAUSE OF DEATH (ITEM 18)
OPERATIONS, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR 28
0-