ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1051

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 74

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN 3 hrs; IN ARIZONA 3 hrs
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): 1701 8th Avenue

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: New Mexico
B. COUNTY: Hidalgo
C. CITY OR TOWN: Virden
☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1½ miles out on state line
E. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Royal B. (MIDDLE) Henry C. (LAST) Freestone

4. SEX: M
5. COLOR OR RACE: W
5A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH July DAY 4 YEAR 1880
8. AGE (IN YEARS LAST BIRTHDAY): 77
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): Farming
9B. KIND OF BUSINESS OR INDUSTRY: Furniture
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
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: James Lell Freestone
14B. BIRTHPLACE (STATE OR COUNTRY): Massachusetts
15A. MOTHER'S MAIDEN NAME: Marie Lind
15B. BIRTHPLACE (STATE OR COUNTRY): Denmark
16. INFORMANT'S SIGNATURE: James D. Freestone
ADDRESS: 1701 8th Ave. Saff
17. DATE OF DEATH: (MONTH) February (DAY) 18 (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Brain destruction
DUE TO (B) 22 Pistol bullet
DUE TO (C)
INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2/18, 1958 TO 2/18, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 2/14, 1958, AND THAT DEATH OCCURRED AT 12:30 noon, FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: H. E. Nelson MD (DEGREE OR TITLE)
22B. ADDRESS: Safford Ariz
22C. DATE SIGNED:

23A. ACCIDENT – SUICIDE – HOMICIDE – NATURAL CAUSE (SPECIFY): Suicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Home
23C. (CITY OR TOWN) Safford (COUNTY) (STATE) Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 2-18-58 12:30 P.M.
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Suicide

24A. CORONER'S SIGNATURE: [illegible]
24B. ADDRESS: Safford
24C. DATE SIGNED: 2-20-58

25A. BURIAL ☐ CREMATION ☒ REMOVAL ☐
25B. DATE: 2-21-58
25C. NAME OF CEMETERY OR CREMATORY:
25D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Virden N. M.
26A. DATE REC. BY LOCAL REG.: Feb 28/58
26B. REGISTRAR'S SIGNATURE: [illegible] Graham County Arizona
27A. FUNERAL DIRECTOR'S SIGNATURE: W. A. Cadwell
27B. ADDRESS: Safford
28. EMBALMER'S SIGNATURE: W. A. Cadwell
28B. EMBALMER'S CERT. NO.: 391

FORM VS-2 REV. 3-15-55

5 69 E OF DEATH
I AND X
RESIDENCE X
1 1 3 DECEDENT
PERSONAL 7 7 DATA
6 6 258
976 X CAUSE OF DEATH (ITEM 18)
0 0
ERATIONS, AUTOPSY 2
MEDICAL CERTIFICATION 4
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION 5
FUNERAL DIRECTOR AND REGISTRAR 28 2
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