ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4935

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 97 51

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY IN THIS TOWN OR ARIZONA: 10 yrs. | 78 yrs.
C. CITY OR TOWN: Safford — [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): Safford Inn Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Safford — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES [ ] NO [X]: 1315 6th Ave.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): MORONI
B. (MIDDLE): MONS
C. (LAST): LARSON

4. SEX: Male
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Naomi Janet Greenhalgh
7. DATE OF BIRTH: MONTH Jan. DAY 22 YEAR 1877
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 WORKING LIFE, EVEN IF RETIRED): U.S. Government Indian Service
9B. KIND OF BUSINESS OR INDUSTRY: Social Service U.S. Government
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Santaquin, Utah
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.: none
14A. FATHER'S NAME: Mons Larson
14B. BIRTHPLACE (STATE OR COUNTRY): Sweden
15A. MOTHER'S MAIDEN NAME: Lorentina Olevia Eklund
15B. BIRTHPLACE (STATE OR COUNTRY): Sweden
16. INFORMANT'S SIGNATURE: Moroni Larson Jr — ADDRESS: Safford, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): July 18th 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) acute Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO (B) acute Myocardial decompensation — 7 days
DUE TO (C)

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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6 21 1958 TO 7 18 1958 THAT I LAST SAW THE DECEASED ALIVE ON 7 18 1958 AND THAT DEATH OCCURRED AT 1:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: D. E. Wilson M.D. (DEGREE OR TITLE)
22B. ADDRESS: Safford Ariz.
22C. DATE SIGNED: 7/21/58

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

GENERAL DIRECTOR AND REGISTRAR
25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: July 21, 1958
25C. NAME OF CEMETERY OR CREMATORY: Safford City Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Arizona
26A. DATE REC'D BY LOCAL REG.: July 21 1958
26B. REGISTRAR'S SIGNATURE: Otilia A. Lopez
27A. FUNERAL DIRECTOR'S SIGNATURE: Philip C. Allen
27B. ADDRESS: Safford, Arizona
28. EMBALMER'S SIGNATURE: Philip C. Allen
28B. EMBALMER'S CERT. NO.: 312

FORM VS-2 REV. 3-15-55

05 OF DEATH AND 33 RESIDENCE 0407 — 1 — CEDENT 3 RSONAL 81 DATA — 6 758 — 222 AUSE OF EATH 0 EM 18) 0 — ATIONS, TOPSY 2 — EDICAL 7 FICATION — DEATH DUE TO EXTERNAL VIOLENCE — RONER'S FICATION — NERAL ECTOR 78 AND ISTRAR 2 — 178