ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7632

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1531

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY: IN THIS TOWN 23 Yrs; IN ARIZONA 23 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): County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Prescott — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 623 Campbell
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Mary B. (MIDDLE) C. (LAST) Bennett
4. SEX: Fem.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ----------
7. DATE OF BIRTH: MONTH 8 DAY 15 YEAR 88
8. AGE (IN YEARS LAST BIRTHDAY): 74 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): W. Virginia
11. CITIZEN OF WHAT COUNTRY? USA
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.: Unknown
14A. FATHER'S NAME: ? Bonner
14B. BIRTHPLACE (STATE OR COUNTRY): W. VA.
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Zena C. Kesecker — ADDRESS: Cumberland, Maryland
17. DATE OF DEATH: (MONTH) 10 (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) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic heart disease.
DUE TO (C) Arteriosclerosis, senile.
II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Diverticulosis of colon with bleeding. Senile debility.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 17 Aug. 1958 TO 13 Oct. 1958, THAT I LAST SAW THE DECEASED ALIVE ON 13 Oct. 1958, AND THAT DEATH OCCURRED AT 9:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: B. A. Dorn (DEGREE OR TITLE) M.D.
22B. ADDRESS: Prescott, Arizona
22C. DATE SIGNED: 10-14-58

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 10-15-58
25C. NAME OF CEMETERY OR CREMATORY: Odd Fellows
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prescott, Arizona
26A. DATE REC. BY LOCAL REG.: OCT 16 1958
26B. REGISTRAR'S SIGNATURE: Blanche Lewis Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry C. Houghton
27B. ADDRESS: Prescott, Arizona
28. EMBALMER'S SIGNATURE: Henry C. Houghton
28B. EMBALMER'S CERT. NO.: 308

FORM VS-2 REV. 3-15-55

4 14 — DATE OF DEATH AND 32 — RESIDENCE 0306 — DECEDENT PERSONAL DATA 174 7 058 — 4200 CAUSE OF DEATH (ITEM 18) 0 0 — OPERATIONS, AUTOPSY 2 — MEDICAL CERTIFICATION 1 — DEATH DUE TO EXTERNAL VIOLENCE 1 — CORONER'S CERTIFICATION 1 — FUNERAL DIRECTOR AND REGISTRAR 2 — 173