

**CERTIFICATE OF DEATH**

REGISTRAR'S NO. **92**

OF DEATH IND RESIDENCE <b>62</b> <b>11</b> <b>126</b>	1. PLACE OF DEATH A. COUNTY <b>Cochise</b>		B. LENGTH OF STAY <input checked="" type="checkbox"/> IN THIS TOWN <input checked="" type="checkbox"/> IN ARIZONA <b>17 yrs. 70 yrs.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona Cochise County</b>		
	C. CITY OR TOWN <b>Douglas</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Douglas</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cochise County Hospital</b>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>1705 23rd</b>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
EDENT / SONAL ATA <b>122</b> <b>4</b> <b>659</b>	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>George</b> B. (MIDDLE) <b>E.</b> C. (LAST) <b>Beckstead</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	
	6B. NAME OF SPOUSE <b>LaVinna Beckstead</b>		7. DATE OF BIRTH MONTH <b>11</b> DAY <b>16</b> YEAR <b>86</b>	8. AGE (IN YEARS) LAST BIRTHDAY <b>72</b>	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Retired</b>
	9B. KIND OF BUSINESS OR INDUSTRY <b>Trucker</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Utah</b>	11. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b>		13. SOCIAL SECURITY NO. <b>36 13 7367</b>
CAUSE OF DEATH (EM 18)	14A. FATHER'S NAME <b>George E. Beckstead</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Utah</b>		15A. MOTHER'S MAIDEN NAME <b>Lenora Penrod</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Ariz.</b>
	16. INFORMANT'S SIGNATURE <b>Cochise Co. Hosp. Records</b>				17. DATE OF DEATH (MONTH) <b>6</b> (DAY) <b>15</b> (YEAR) <b>59</b>		
	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, ASTHMA, 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) <b>Cerebral Hemorrhage</b> DUE TO (B) <b>Hypertension</b> DUE TO (C) <b>Severe Head Injury</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>2 weeks</b> <b>18 yrs.</b>
OPERATIONS, TOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>June 8 1959</b> TO <b>June 15 1959</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>June 15 1959</b> AND THAT DEATH OCCURRED AT <b>8:45 P. M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
	22A. SIGNATURE <b>Paul L. Boy m.d.</b>			22B. ADDRESS <b>Douglas Ariz</b>		22C. DATE SIGNED <b>6/18/59</b>	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <b>N</b>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE) <b>Douglas Arizona</b>		
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>M</b>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
CORONER'S CERTIFICATION	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>6-18-59</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Douglas, Arizona</b>
	26A. DATE REC. BY LOCAL REG. <b>June 23/59</b>		26B. REGISTRAR'S SIGNATURE <b>C. Williams</b>		27A. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. ...</b>		27B. ADDRESS <b>Douglas, Arizona</b>
	28A. EMBALMER'S SIGNATURE <b>W. J. ...</b>				28B. EMBALMER'S CERT. NO. <b>321</b>		

176