ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6001

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1156

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN: 1 day; IN ARIZONA: 68 yrs
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 View Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Ft. Thomas
☑ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET (IF RURAL, GIVE LOCATION) ADDRESS: 2 Blocks N. of P.O.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☑

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Addie B. (MIDDLE) Lucretia C. (LAST) Hinton
4. SEX: Fe
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: —
7. DATE OF BIRTH: MONTH Oct. DAY 20 YEAR 1883
8. AGE (IN YEARS LAST BIRTHDAY): 75
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:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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.: —
14A. FATHER'S NAME: Joe Cornett
14B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
15A. MOTHER'S MAIDEN NAME: Ella Hargraves
15B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
16. INFORMANT'S SIGNATURE AND ADDRESS: J. Linton M.D. Pauley
17. DATE OF DEATH: MONTH August DAY 29 YEAR 1959

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) Hypertension — INTERVAL BETWEEN ONSET AND DEATH: years
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — years
DUE TO (C) Pulmonary Edema — 1 day

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 25 Aug. 59 TO 29 Aug. 59 THAT I LAST SAW THE DECEASED ALIVE ON 29 Aug. 59 AND THAT DEATH OCCURRED AT 7:30 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): J. W. Wright M.D.
22B. ADDRESS: Safford Ariz.
22C. DATE SIGNED: 29 Aug 59

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 ☑ CREMATION ☐ REMOVAL ☐
25B. DATE: 9-1-59
25C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford Arizona
26A. DATE REC. BY LOCAL REG.:
26B. REGISTRAR'S SIGNATURE:
27A. FUNERAL DIRECTOR'S SIGNATURE: W. H. Caldwell
27B. ADDRESS: Safford
28A. EMBALMER'S SIGNATURE: Dale Hearlstedt
28B. EMBALMER'S CERT. NO.: 368-A

FORM VS-2 REV. 3-15-55 45M ANTCO 16856