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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6970

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 1954 IN ARIZONA 1954
C. CITY OR TOWN: San Simon ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Residence

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

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) Edith B. (MIDDLE) Jewel C. (LAST) Graves

4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: C.S. Graves
7. DATE OF BIRTH: MONTH Feb DAY 8 YEAR 1903
8. AGE (IN YEARS LAST BIRTHDAY): 57
IF UNDER 1 YEAR: MONTHS 7 DAYS 2
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: Housewife
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) ---- (IF YES, WAR OR DATES OF SERVICE) ----
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: James W. Grant
14B. BIRTHPLACE (STATE OR COUNTRY): Ark.
15A. MOTHER'S MAIDEN NAME: Alma Weever
15B. BIRTHPLACE (STATE OR COUNTRY): Ark.
16. INFORMANT'S SIGNATURE: [illegible] ADDRESS: San Simon, Ariz.
17. DATE OF DEATH: (MONTH) September (DAY) 10, (YEAR) 1960

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) Metastatic carcinoma to bone from undetermined site — INTERVAL BETWEEN ONSET AND DEATH: 3 months
DUE TO (B) Rheumatic heart disease Mitral stenosis — years
DUE TO (C)

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

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 Aug. 8, 1960 TO Sept. 10, 1960, THAT I LAST SAW THE DECEASED ALIVE ON Sept. 3, 1960 AND THAT DEATH OCCURRED AT 7:46 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): [illegible]
22B. ADDRESS: Graycroft Medical #401 Tucson
22C. DATE SIGNED: 9-14-60

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Sept. 12, 1960
25C. NAME OF CEMETERY OR CREMATORY: San Simon, Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): San Simon Cochise Ariz.
26A. DATE REC. BY LOCAL REG.: 9-20-60
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: William Fooks
27B. ADDRESS: Willcox, Arizona
28A. EMBALMER'S SIGNATURE: William Fooks
28B. EMBALMER'S CERT. NO.: 338

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