PUNCHED VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 85516

CERTIFICATE OF DEATH

BIRTH NO. | REGISTRAR'S NO.

PLACE OF DEATH AND RESIDENCE

1. PLACE OF DEATH — A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 50 yr. IN ARIZONA: 50 yr.
C. CITY OR TOWN: Benson — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Benson Hospital

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

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST) FRANCES B. (MIDDLE) RACHEL C. (LAST) EAST
4. SEX: Female
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Wallace East
7. DATE OF BIRTH — MONTH: 1 DAY: 29 YEAR: 1894
8. AGE (IN YEARS LAST BIRTHDAY): 68 — 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): Mexico
11. CITIZEN OF WHAT COUNTRY? U.S.
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: Franklin Scott
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Eliza Stubbs
15B. BIRTHPLACE (STATE OR COUNTRY): U.S.
16. INFORMANT'S SIGNATURE: ADDRESS: Pomerene, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): October 3, 1962

332X CAUSE OF DEATH (ITEM 18) 0

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 Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 60 hours
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM August 9, 1960 TO Oct. 3, 1962 THAT I LAST SAW THE DECEASED ALIVE ON Oct 3, 1962 AND THAT DEATH OCCURRED AT 8:38 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Jay Kartchner (DEGREE OR TITLE)
22B. ADDRESS: M.D. 131 E. 6th, Benson, Arizona
22C. DATE SIGNED: 10/ /62

6737 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: 10/6/62
25C. NAME OF CEMETERY OR CREMATORY: Pomerene Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pomerene, Arizona
26A. DATE REC. BY LOCAL REG.: Oct 4, 1962
26B. REGISTRAR'S SIGNATURE: Amy Lowery, Dep Reg.
27A. FUNERAL DIRECTOR'S SIGNATURE: Nelie Larson 206
27B. ADDRESS: Benson, Arizona
28A. EMBALMER'S SIGNATURE: Nelie Larson
28B. EMBALMER'S CERT. NO.: 374

FORM VS-2 REV. 5-9-60 - 30M