

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1307

CERTIFICATE OF DEATH

2 IF DEATH ND 04 ESIDENCE	1. PLACE OF DEATH A. COUNTY Cochise				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Cochise				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Benson		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 42 Yrs. 73 Yrs.		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Pomerene (Rural)				
	D. FULL NAME OF HOSPITAL OR INSTITUTION Benson Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Rural				
3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Francis B. (MIDDLE) Ami C. (LAST) Coons					4. SEX Male		5. COLOR OR RACE White		
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH January DAY 1 YEAR 1878		8. AGE YEARS 73 MONTHS 2 DAYS 0		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Farmer			
9B. KIND OF BUSINESS OR INDUSTRY Farming		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		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) No.		13. SOCIAL SECURITY NO. None	
14A. FATHER'S NAME Libbens T. Coons			14B. BIRTHPLACE (STATE OR COUNTRY) Iowa		15A. MOTHER'S MAIDEN NAME Delia Elizabeth Curtis		15B. BIRTHPLACE (STATE OR COUNTRY) Utah		
16. INFORMANT'S SIGNATURE <i>Francis L. Coons</i>				ADDRESS Pomerene, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 1, 1951			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Hemorrhage from ruptured aortic aneurysm</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING DUE TO (b) <i>congestive heart failure</i> RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) <i>Rheumatic Heart</i> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)					
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Jan 1</i> , 19 <i>47</i> , TO <i>Mar 1</i> , 19 <i>51</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>Mar 1</i> , 19 <i>51</i> , AND THAT DEATH OCCURRED AT <i>8:45 PM</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
23A. SIGNATURE <i>Jan H. Coons</i>				(DEGREE OR TITLE) M. D.		23B. ADDRESS Benson Box 456		23C. DATE SIGNED 3/3/51	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE March 3, 1951		24C. NAME OF CEMETERY OR CREMATORY Pomerene Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pomerene, Arizona.			
25A. DATE REC'D BY LOCAL REG. Mar. 8, 1951		25B. REGISTRAR'S SIGNATURE <i>A. D. O...</i>			26. FUNERAL DIRECTOR'S SIGNATURE <i>Howard A. Bring</i>		ADDRESS Bring's Funeral Home		
					27. EMBALMER'S SIGNATURE <i>Howard A. Bring</i>		CERT. NO. 222		

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