ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1630

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Green Lee
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Duncan, Ariz.
C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA): 1 week 23 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Railroad Ave. Duncan, Ariz.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Safford
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Railroad Ave. Duncan, Ariz.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Georgia B. (MIDDLE) Ann C. (LAST) Smith
4. SEX: Fe.
5. COLOR OR RACE: Wh.
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
7. DATE OF BIRTH: MONTH 6 DAY 26 YEAR 76
8. AGE: YEARS 76 MONTHS 8 DAYS 23
IF UNDER 24 HOURS: HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housw.
9B. KIND OF BUSINESS OR INDUSTRY: Same.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
11. CITIZEN OF WHAT COUNTRY? USA.
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: A. B. Stanfield
14B. BIRTHPLACE (STATE OR COUNTRY): Arkansas.
15A. MOTHER'S MAIDEN NAME: Unknown.
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: John H Smith ADDRESS: Duncan, Arizona
17. DATE OF DEATH (MONTH) March (DAY) 19 (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) D.O.A. - Previous history — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Leads to probable — Approx.
DUE TO (c) Coronary Occlusion & — 3 yrs.
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Cardio-Renal Vascular

OPERATIONS, AUTOPSY

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

DEATH DUE TO EXTERNAL VIOLENCE

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3/19/ 1953 TO 3/19/ 1953 THAT I LAST SAW THE DECEASED ALIVE ON 19 AND THAT DEATH OCCURRED AT 12:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Robert L Thomas (DEGREE OR TITLE) D.O.
23B. ADDRESS: Duncan, Ariz.
23C. DATE SIGNED: 3/19/53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☑
24B. DATE: 3-19-53
24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
25A. DATE REC'D BY LOCAL REG.: 3-19-53
25B. REGISTRAR'S SIGNATURE: Mrs. Osborne N. Smith Deputy
26. FUNERAL DIRECTOR'S SIGNATURE: W. A. Caldwell ADDRESS: Safford
27. EMBALMER'S SIGNATURE: W. A. Caldwell CERT. NO. 291

FORM VS 2 REV. 4-48 15M