ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4185

CERTIFICATE OF DEATH

REGISTRAR'S NO. 50.

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Graham
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Safford
C. LENGTH OF STAY IN THIS PLACE: 38 yrs. IN ARIZONA: 38 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): E. Edge of Safford

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): 919 5th Ave

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Charles B. (MIDDLE) Lloyd C. (LAST) Carrell
4. SEX: M
5. COLOR OR RACE: W
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Sept. DAY 3 YEAR 1900
8. AGE: YEARS 52 MONTHS 10 DAYS 3
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Church Custodian
9B. KIND OF BUSINESS OR INDUSTRY: Ch. Ch.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Okla.
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.: 526-14-3711
14A. FATHER'S NAME: Andrew Jackson Carrell
14B. BIRTHPLACE (STATE OR COUNTRY): Georgia
15A. MOTHER'S MAIDEN NAME: Julia Ann Martin
15B. BIRTHPLACE (STATE OR COUNTRY): Calif.
16. INFORMANT'S SIGNATURE: x Gladys Carrell ADDRESS: Safford
17. DATE OF DEATH: (MONTH) July (DAY) 6 (YEAR) 1953

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 260 X
+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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Unk
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Diabetes Mellitus — 30 yrs
DUE TO (c)
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 ☒

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?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7/4 1953 TO 7/4 1953 THAT I LAST SAW THE DECEASED ALIVE ON 7/4 1953 AND THAT DEATH OCCURRED AT 3:10 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: J. N. Stratton M.D. (DEGREE OR TITLE)
23B. ADDRESS: Safford, Ariz.
23C. DATE SIGNED: 7/10/53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 7-8-53
24C. NAME OF CEMETERY OR CREMATORY: Graham Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Ariz.
25A. DATE REC'D BY LOCAL REG.: July 10, 1953
25B. REGISTRAR'S SIGNATURE: J. N. Stratton Deputy O. H. Lopez
26. FUNERAL DIRECTOR'S SIGNATURE: W. H. Caldwell
ADDRESS: Safford
27. EMBALMER'S SIGNATURE: W. H. Caldwell
CERT. NO.: 291

FORM VS 2 REV. 20M