ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6700

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2385

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY — IN THIS TOWN: 5 yrs. IN ARIZONA: 45 yrs.
C. CITY OR TOWN: PHOENIX ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): GOOD SAMARITAN HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA B. COUNTY
C. CITY OR TOWN: SAFFORD ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) BENJAMIN B. (MIDDLE) C. (LAST) BLAKE
4. SEX: MALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Laura Blake
7. DATE OF BIRTH — MONTH: June DAY: 24 YEAR: 1890
8. AGE (IN YEARS LAST BIRTHDAY): 62 yrs.
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): Judge of Graham Co.
9B. KIND OF BUSINESS OR INDUSTRY: Law
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
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.:
14A. FATHER'S NAME: Wm Blake
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Mary Lake
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: Lulie Farley Thatcher Craig ADDRESS:
17. DATE OF DEATH — MONTH: NOVEMBER DAY: 9 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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — MORBID CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary sclerosis — years
DUE TO (C)

11. 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 ☒

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 OR CORONER'S CERTIFICATION
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-12, 1950, TO 11-9, 1953. THAT I LAST SAW THE DECEASED ALIVE ON 11-9, 1953, AND THAT DEATH OCCURRED AT 10:10 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Joe C Ehrlich (DEGREE OR TITLE) MD
23B. ADDRESS: 1313 N. 2nd St
23C. DATE SIGNED: 11/10/53

FUNERAL DIRECTOR AND REGISTRAR
24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 11/10/53
24C. NAME OF CEMETERY OR CREMATORY: ~~ROSSEN MORTUARY~~ Safford
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): SAFFORD ARIZONA
25A. DATE REC'D BY LOCAL REG.: 11/10/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: L M Mortensen ADDRESS: 1020 W main
27. EMBALMER'S SIGNATURE: L M Mortensen CERT. NO.: 261-A

MORTENSEN-KINGSLEY MORTUARY

FORM VS 2 REV. 1-1-53