Dr Bishop

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6172

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 220

1. PLACE OF DEATH
A. COUNTY: GILA
B. LENGTH OF STAY: IN THIS TOWN 58 IN ARIZONA 58
C. CITY OR TOWN: GLOBE — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): GILA GENERAL HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZ.
B. COUNTY: GILA
C. CITY OR TOWN: MIDLAND CITY — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): GLOBE ARIZ. Rt. 1 Globe

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) HARRIET B. (MIDDLE) ANN C. (LAST) BESNER
4. SEX: FEM.
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
6B. NAME OF SPOUSE: DECEASED
7. DATE OF BIRTH: MONTH MAY DAY 18 YEAR 1882
8. AGE (IN YEARS LAST BIRTHDAY): 72 — 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: Own Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): NEPHI 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.: NONE
14A. FATHER'S NAME: WILLIAM WEBSTER
14B. BIRTHPLACE (STATE OR COUNTRY): ENGLAND
15A. MOTHER'S MAIDEN NAME: PLEASANT CEZAR
15B. BIRTHPLACE (STATE OR COUNTRY): unknow
16. INFORMANT'S SIGNATURE: Mrs Elise Lacy — ADDRESS:
17. DATE OF DEATH: (MONTH) NOV. (DAY) 24 (YEAR) 1954

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Hypostatic Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 day
DUE TO (B): Hemiplegia — 3 months
DUE TO (C): Cerebral Arteriosclerosis

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 3, 1954 TO Nov. 24, 1954 THAT I LAST SAW THE DECEASED ALIVE ON Nov. 24, 1954, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): H. E. Prothro MD
22B. ADDRESS: Globe Arizona
22C. DATE SIGNED: 11/29/54

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?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
25B. DATE: NOV. 27 54
25C. NAME OF CEMETERY OR CREMATORY: CENTRAL
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): CENTRAL ARIZ.
26A. DATE REC. BY LOCAL REG.: 11-29-54
26B. REGISTRAR'S SIGNATURE: Irene Hamaker
27A. FUNERAL DIRECTOR'S SIGNATURE: H. Ray Miller
27B. ADDRESS: Miami Ariz

CE OF DEATH 64
19 AND 65
AL RESIDENCE 0201

DECEDENT PERSONAL DATA 1 2 3 7 6 4

CAUSE OF DEATH (ITEM 18) 0 0

ERATIONS, AUTOPSY 9

MEDICAL TIFICATION 1

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S TIFICATION 1

UNERAL DIRECTOR AND EGISTRAR 17 2 13

FORM VS-2 REV. 6-1-53 AMPCO 70385