PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. **3142**

BIRTH NO.

REGISTRAR'S NO. 1167.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY: IN THIS TOWN: 2 Yrs; IN ARIZONA: Life
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: Arizona
B. COUNTY: Gila
C. CITY OR TOWN: Globe — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 215 Carico St.
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Aaron B. (MIDDLE) Joseph C. (LAST) Cosner
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Marietta Cosner
7. DATE OF BIRTH: MONTH 9 DAY 6 YEAR 1893
8. AGE (IN YEARS LAST BIRTHDAY): 68 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): Guide(ret)
9B. KIND OF BUSINESS OR INDUSTRY: Gov't Parks
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tempe
11. CITIZEN OF WHAT COUNTRY?: USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): WWI
13. SOCIAL SECURITY NO.: 538-18-5379
14A. FATHER'S NAME: Aaron Webster Cosner
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Lucy Gregg
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: x Marietta Cosner — ADDRESS: Globe, Arizona
17. DATE OF DEATH: (MONTH) April (DAY) 12, (YEAR) 1962

CAUSE OF DEATH (ITEM 18) 443X 0

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 Months
ANTECEDENT CAUSES: MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) arterio-sclerotic Hypertensive cardiovascular disease — 15 years
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
PLACE DISEASE CONTRACTED.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

MEDICAL CERTIFICATION 1815

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1961 19— TO 4/12 1962 THAT I LAST SAW THE DECEASED ALIVE ON 4/12 1962 AND THAT DEATH OCCURRED AT 1:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): E [illegible] MD
22B. ADDRESS: [illegible]
22C. DATE SIGNED: 4/12/62

DEATH DUE TO EXTERNAL VIOLENCE

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?

CORONER'S CERTIFICATION

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

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: April 14, 1962
25C. NAME OF CEMETERY OR CREMATORY: Double Butte Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tempe, Arizona.
26A. DATE REC. BY LOCAL REG.: 4-13-62
26B. REGISTRAR'S SIGNATURE: June Vanslee
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: Miami, Arizona
28A. EMBALMER'S SIGNATURE: [illegible]
28B. EMBALMER'S CERT. NO. 244-A

FORM VS-2 REV. 8-9-60 - 25M