ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE (01 01 / 38 38 / X 6)

1. PLACE OF DEATH
A. COUNTY: Apache
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): St. Johns
C. LENGTH OF STAY IN THIS PLACE: 43 Yrs. IN ARIZONA: 43 Yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): No name or number

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Apache
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): St. Johns
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): No name or number

DECEDENT PERSONAL DATA (X / 1 / 1 / 143 / 0 / 152)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Francis B. (MIDDLE) Lynn C. (LAST) Davis
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 8 DAY 6 YEAR 08
8. AGE: YEARS 43 MONTHS 4 DAYS 29
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Equiptment operator
9B. KIND OF BUSINESS OR INDUSTRY: Roads
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.: 527-00-4989
14A. FATHER'S NAME: Frederick Davis
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Rhoda Gibbons
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Earl R. Davis ADDRESS: Springerville
17. DATE OF DEATH (MONTH) January (DAY) 7 (YEAR) 1952

CAUSE OF DEATH (ITEM 18) (981 X / 0 / 0)

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) Bullet through heart — INTERVAL BETWEEN ONSET AND DEATH: 60 sec

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) homocide
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 2nd bullet severed spinal cord

OPERATIONS, AUTOPSY (2)

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION at level of 2nd lumbar vertebra
19C. AUTOPSY? YES ☐ NO ✓

DEATH DUE TO EXTERNAL VIOLENCE (X)

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): Homocide
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Padilla Home
21C. (CITY OR TOWN) (COUNTY) (STATE): St Johns Apache A
21D. TIME OF INJURY (MONTH) Jan (DAY) 7 (YEAR) 52 (HOUR) 1:AM
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Entering Padilla Home and was shot

MEDICAL CORONER'S CERTIFICATION (2)

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 7, 19 52 TO Jan 7, 19 52 THAT I LAST SAW THE DECEASED ALIVE ON Jan 2, 19 52 AND THAT DEATH OCCURRED AT 1:A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Newton E. McBride, D.D.
23B. ADDRESS: St. Johns, Arizona
23C. DATE SIGNED: 1/9/52

FUNERAL DIRECTOR AND REGISTRAR (04 / 1)

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 1-9-52
24C. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): St. Johns, Arizona.
25A. DATE REC'D BY LOCAL REG.: 1-9-52
25B. REGISTRAR'S SIGNATURE: Etta B. Heap
26. FUNERAL DIRECTOR'S SIGNATURE: Dan B. Kelly ADDRESS: Springerville, Ariz.
27. EMBALMER'S SIGNATURE: Dan B. Kelly CERT. NO.: 266 A

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FORM VS 2 REV. 4-49 15M