ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1306

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2

1. PLACE OF DEATH
A. COUNTY: Pinal
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Ray
C. LENGTH OF STAY IN THIS PLACE: 3 yrs; IN ARIZONA: 8 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Kennicott Copper Co. Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Phoenix
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1141 E. Durango St.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): John
B. (MIDDLE): Denton
C. (LAST): MAULDIN

4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: Mar 7 1925
8. AGE: 26 YEARS 10 MONTHS 24 DAYS
IF UNDER 24 HOURS: HOURS – MIN. –
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Shovel oiler
9B. KIND OF BUSINESS OR INDUSTRY: Mining
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
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): World War II
13. SOCIAL SECURITY NO.: 526-34-2228
14A. FATHER'S NAME: Virce Mauldin
14B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
15A. MOTHER'S MAIDEN NAME: Katie Cameron
15B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
16. INFORMANT'S SIGNATURE: Mrs. Sue Keen (sister)
ADDRESS: 6032 S. 12th Place, Phoenix, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): February 1, 1952

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) Burns over 99% of body surface, mostly 3rd degree
ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
INTERVAL BETWEEN ONSET AND DEATH: 6 hours

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (SPECIFY): Accident
21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): In Kennecott Copper Corp. open Pit.
21C. (CITY OR TOWN) (COUNTY) (STATE): Ray, Pinal, Arizona
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Feb 1st 1952 M
21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? Dump truck knocked over barrel of solvent into fire & exploded all over patient

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. 1, 19 52 TO Feb. 1, 19 52 THAT I LAST SAW THE DECEASED ALIVE ON Feb. 1, 19 52 AND THAT DEATH OCCURRED AT ____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): O. E. Utzinger M.D.
23B. ADDRESS: Ray, Arizona
23C. DATE SIGNED: 2-1-52

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: 2-1-52
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG.: 2-1-52
25B. REGISTRAR'S SIGNATURE: O. E. Utzinger, M.D.
26. FUNERAL DIRECTOR'S SIGNATURE: Grimshaw Mortuary
ADDRESS: 334 WEST MONROE PHOENIX, ARIZONA
27. EMBALMER'S SIGNATURE
CERT. NO

FORM VS 2 REV. 3-50 15M