ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3333

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 21

PLACE OF DEATH AND RESIDENCE

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: Life; IN ARIZONA: Life
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Ray Mine

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Ray
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Boyd Heights

PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Homer B. (MIDDLE) Jackson C. (LAST) Howard
4. SEX: male
5. COLOR OR RACE: white
6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Mar DAY 11 YEAR 1923
8. AGE: YEARS 29 MONTHS 3 DAYS 18
IF UNDER 24 HOURS: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Miner
9B. KIND OF BUSINESS OR INDUSTRY: Copper Mine
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) Yes (IF YES, WAR OR DATES OF SERVICE) WW II
13. SOCIAL SECURITY NO. 527-26-0707
14A. FATHER'S NAME: Homer Jackson Howard
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Lucy Spence
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: Walter Howard, ADDRESS: Phoenix, Arizona.
17. DATE OF DEATH (MONTH) June, (DAY) 29 (YEAR) 1952

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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Multiple crushing injuries — INTERVAL BETWEEN ONSET AND DEATH: Death instant

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

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

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

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ~~SUICIDE~~ HOMICIDE (SPECIFY): Accident
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Open pit mine Kennecott Copper Corp.
21C. (CITY OR TOWN) Ray (COUNTY) Pinal (STATE) Arizona
21D. TIME OF INJURY (MONTH) June (DAY) 29 (YEAR) 1952 (HOUR) 5:30 P.M.
21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? Cave in in open pit mine

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____ TO _____, 19____ THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____ AND THAT DEATH OCCURRED AT 5:00 - 5:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
did not see deceased alive
23A. SIGNATURE (DEGREE OR TITLE): O. E. Utzinger M.D.
23B. ADDRESS: Ray, Arizona.
23C. DATE SIGNED: 6-29-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: July 3, 1952
24C. NAME OF CEMETERY OR CREMATORY: Greenwood
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona.
25A. DATE REC'D BY LOCAL REG.: 6-29-52
25B. REGISTRAR'S SIGNATURE: O. E. Utzinger M.D.
26. FUNERAL DIRECTOR'S SIGNATURE: A. L. Moore and Sons ADDRESS: Phoenix, Arizona.
27. EMBALMER'S SIGNATURE: Harold McDonald CERT. NO. 229-A

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