ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3956

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

**PLACE OF DEATH AND USUAL RESIDENCE**

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: 2 Yrs; IN ARIZONA: 2 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**

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Ronald B. (MIDDLE) Earl C. (LAST) Wilhelm
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 2 DAY 26 YEAR 50
8. AGE: YEARS 2 MONTHS 4 DAYS 11; IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): none
9B. KIND OF BUSINESS OR INDUSTRY: none
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.: None
14A. FATHER'S NAME: Harry Wilhelm
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Ora Heap
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Harry Wilhelm ADDRESS: St. Johns, Arizona
17. DATE OF DEATH (MONTH) July (DAY) 6 (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) Anoxia — INTERVAL BETWEEN ONSET AND DEATH: approx. 20-30 min

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Drowning
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
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

**DEATH DUE TO EXTERNAL VIOLENCE**

21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE): St Johns, Apache, Ariz
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

**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 6:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Newton C. McBride, D.O.
23B. ADDRESS: St. Johns, Arizona
23C. DATE SIGNED: 7-8-52

**FUNERAL DIRECTOR AND REGISTRAR**

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 7-8-52
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.: 7-8-52
25B. REGISTRAR'S SIGNATURE: Etta B. Heap
26. FUNERAL DIRECTOR'S SIGNATURE: Dan B. Hatch ADDRESS: Springerville, Arizona
27. EMBALMER'S SIGNATURE: Dan B. Hatch CERT. NO. 266 A

FORM VS 2 REV. 3-50 15M