ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4213

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH

A. COUNTY: Maricopa

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Rural, Wickenburg

C. LENGTH OF STAY IN THIS PLACE: 2 Yrs | IN ARIZONA: 25 Yrs

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION):

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE: Arizona

B. COUNTY: Maricopa

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Morristown

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): B 61

3. NAME OF DECEASED (TYPE OR PRINT)

A. (FIRST): Len

B. (MIDDLE):

C. (LAST): Hogue

4. SEX: M

5. COLOR OR RACE: W

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH: MONTH April | DAY 25 | YEAR 04

8. AGE: YEARS 48 | MONTHS 7 | DAYS 4

IF UNDER 24 HOURS: HOURS | MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Lapidist

9B. KIND OF BUSINESS OR INDUSTRY: Gem Cutting

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Fresno, Calif

11. CITIZEN OF WHAT COUNTRY?

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: Clarence Leslie Hogue

14B. BIRTHPLACE (STATE OR COUNTRY): Nebr.

15A. MOTHER'S MAIDEN NAME: Marguret Davis

15B. BIRTHPLACE (STATE OR COUNTRY): Fresno, Calif

16. INFORMANT'S SIGNATURE: Gertrude Hogue

ADDRESS:

17. DATE OF DEATH: (MONTH) July (DAY) 4 (YEAR) 52

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) Highway accident

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

DUE TO (b) Head and chest and Neck

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

19A. DATE OF OPERATION

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.): Highway 60 & 70 1 mile SE of W

21C. (CITY OR TOWN) (COUNTY) (STATE): Wickenburg Maricopa Ariz

21D. TIME OF INJURY (MONTH) 7 (DAY) 4 (YEAR) 52 (HOUR) 5:30pM

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Auto accident

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 _____ M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): R. L. Westall, ex-officio coroner

23B. ADDRESS: Wickenburg Ariz

23C. DATE SIGNED: 7-7-52

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

24B. DATE: 7-7-52

24C. NAME OF CEMETERY OR CREMATORY: Crematory

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG.: 7-7-52

25B. REGISTRAR'S SIGNATURE: A. H. Wachter

26. FUNERAL DIRECTOR'S SIGNATURE: H. L. Coffinger ADDRESS: Wickenburg

27. EMBALMER'S SIGNATURE: H. L. Coffinger CERT. NO.: 188

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