Blue-head

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7613

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 6

1. PLACE OF DEATH
A. COUNTY: PINAL
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: FLORENCE
C. LENGTH OF STAY IN THIS PLACE: DOA; IN ARIZONA: yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PINAL GENERAL HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: ARIZONA
B. COUNTY: PINAL
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: RURAL
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): CLEMENS FEEDLOT PEN- 2½ Miles W. of Flore

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): CALVIN
B. (MIDDLE): MILTON
C. (LAST): ASHCRAFT

4. SEX: MALE
5. COLOR OR RACE: WHITE
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: Sept 16 1918
8. AGE: 34 YEARS 2 MONTHS 14 DAYS
IF UNDER 24 HOURS: HOURS ---- MIN. ----
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Ranching
9B. KIND OF BUSINESS OR INDUSTRY: Cattle
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
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.: 526-16-0729
14A. FATHER'S NAME: Clinton Ashcraft
14B. BIRTHPLACE (STATE OR COUNTRY): Nebraska
15A. MOTHER'S MAIDEN NAME: Clara Dibbler
15B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
16. INFORMANT'S SIGNATURE: Gloria L. Ashcraft
ADDRESS: Box961, Florence
17. DATE OF DEATH: November (MONTH) 30 (DAY) 1952 (YEAR)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 9448
+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) electrocution, accidental
DUE TO (b) DOA
DUE TO (c)
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
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.): Clemens Feed Pen
21C. (CITY OR TOWN) (COUNTY) (STATE): 2½ Mi. W of Florence Pinal Ariz
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 11-30-52 M
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Turned switch of electric pump

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM DOA, 19 TO 19 ALIVE ON 19 AND THAT DEATH OCCURRED AT M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. THAT I LAST SAW THE DECEASED
23A. SIGNATURE (DEGREE OR TITLE): [illegible]
23B. ADDRESS: Florence, Ariz
23C. DATE SIGNED: 2 Dec 52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 12/5/52
24C. NAME OF CEMETERY OR CREMATORY: Valley Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Coolidge, Arizona
25A. DATE REC'D BY LOCAL REG.: 12-4-52
25B. REGISTRAR'S SIGNATURE: Viola B. Gray
26. FUNERAL DIRECTOR'S SIGNATURE: Cole & Maud Mortuary
ADDRESS: Coolidge, Arizona
27. EMBALMER'S SIGNATURE: [illegible]
CERT. NO.: 272

FORM VS 2 REV. 2011

CAUSE OF DEATH (ITEM 18) 0 0
ACCIDENT 63 DUE TO 12 INTERNAL 2 VIOLENCE 4
MEDICAL CORONER'S CERTIFICATION 6
FUNERAL DIRECTOR AND REGISTRAR 63 2 2105