

Dr. Jacobs.

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
**CERTIFICATE OF AUTOPSY OR INQUEST**  
(TO SUPPLEMENT DEATH CERTIFICATE)

STATE FILE NO.

REGISTRAR'S NO.

4039

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IDENTIFYING INFORMATION	1. NAME OF DECEASED Ora Dean Hutson	2. DATE OF DEATH July 11, 1955
	3. PLACE OF DEATH 327 Broad St., Claypool, Arizona.	

AUTOPSY OR INQUEST	4. An <u>Autopsy</u> (AUTOPSY/INQUEST) having been completed after the filing of the death certificate of the above-named, I hereby supplement or amend the information appearing on the original death certificate.
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CAUSE OF DEATH	5. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>3320</u> *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		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Acute alcoholism</u>		DUE TO (B) _____	24-36 hr.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (C) _____		
11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				

DEATH DUE TO EXTERNAL VIOLENCE	6A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) _____	6B. PLACE OF INJURY (e.g., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____	6C. (CITY OR TOWN) _____ (COUNTY) _____ (STATE) _____
	6D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____ M	6E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	6F. HOW DID INJURY OCCUR? _____

COMMENTS	<u>Autopsy done by Maurice Rosenthal M.D. Phoenix, July 11, 1955 -</u>		
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CERTIFICATION	7A. SIGNATURE (DEGREE OR TITLE) <u>Dr. Jesse E. James M.D.</u>	7B. ADDRESS <u>Phoenix, Ariz</u>	7C. DATE SIGNED <u>7/28/55</u>
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