

Autopsy report attached

BIRTH NO. CERTIFICATE OF DEATH REGISTRAR'S NO. 25

34 04  
PLACE OF DEATH  
8 AND 98  
RESIDENCE  
X-

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 35 Yrs. Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
C. CITY OR TOWN Claypool		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Claypool <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION 327 Broad St.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 327 Broad St.	

DECEDENT  
PERSONAL  
DATA/40  
755

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ora B. (MIDDLE) Dean C. (LAST) Hutson			4. SEX Fem.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
6B. NAME OF SPOUSE James		7. DATE OF BIRTH MONTH DAY YEAR 3 22 1915	8. AGE (IN YEARS LAST BIRTHDAY) 40 Yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife
9B. KIND OF BUSINESS OR INDUSTRY Own Home	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) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 526-24-2279	
14A. FATHER'S NAME Frank Tuttle		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Timmie M. Rustin		15B. BIRTHPLACE (STATE OR COUNTRY) Texas.	
16. INFORMANT'S SIGNATURE James A. Hutson			ADDRESS Claypool, Ari.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 11, 1955	

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 327 †THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	(A) Cause unknown DUE TO (B) autopsy done DUE TO (C) by Dr. Perambet 7/11/55 -	
PLACE DISEASE CONTRACTED.	II. OTHER SIGNIFICANT 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5/11/55, TO 7/11/55, THAT I LAST SAW THE DECEASED ALIVE ON 7/11/55, AND THAT DEATH OCCURRED AT 327 Broad St. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE John J. Green	(DEGREE OR TITLE) M.D.	22B. ADDRESS Miami, Arizona	22C. DATE SIGNED 7/12/55
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DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE John Carpenter	24B. ADDRESS Miami	24C. DATE SIGNED 7-12-55
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FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE July 13, 1955	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.
26A. DATE REC. BY LOCAL REG. July 20 55	26B. REGISTRAR'S SIGNATURE Robert D. Baylton	27A. FUNERAL DIRECTOR'S SIGNATURE John J. Green	27B. ADDRESS Miami, Fla.