

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 38

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>6 Mos.</u> IN ARIZONA <u>6 Mos.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>			
C. CITY OR TOWN <u>Miami</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION <u>Madera Peak (Pinal Mts.)</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>107 Central Ave.</u>			

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Charles</u> B. (MIDDLE) <u>Dwayne</u> C. (LAST) <u>McLemore</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
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6B. NAME OF SPOUSE <u>Laura</u>		7. DATE OF BIRTH MONTH <u>5</u> DAY <u>11</u> YEAR <u>1932</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>23 Yrs</u>	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Cableman</u>
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9B. KIND OF BUSINESS OR INDUSTRY <u>T. V. Co.</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>Yes</u>	13. SOCIAL SECURITY NO. <u>Korean</u>
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14A. FATHER'S NAME <u>John W. McLemore</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	15A. MOTHER'S MAIDEN NAME <u>Ellen O. Jacobson</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>
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16. INFORMANT'S SIGNATURE <u>Mrs. Harold James</u>		ADDRESS <u>Globe, Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Sept. 26, 1955</u>
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18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (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 CONDITION DIRECTLY LEADING TO DEATH: <u>(A) Crush injury to skull</u> DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON 9/26/55 AND THAT DEATH OCCURRED AT 10 am FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <u>Dr. Jesse E. James MD</u>	(DEGREE OR TITLE)	22B. ADDRESS <u>Miami, Ariz</u>	22C. DATE SIGNED <u>9/26/55</u>
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23A. ACCIDENT (SPECIFY) <u>Accident</u>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Mountain Top</u>	23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Madera Peak, Pinal, Ariz</u>
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>Sept 26, 1955, 10 AM</u>	23E. INJURY OCCURRED WHILE <input checked="" type="checkbox"/> AT WORK NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR? <u>Bulldozer Fell of Hill + crushed</u>
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24A. CORONER'S SIGNATURE <u>John Carpenter</u>	24B. ADDRESS <u>Miami</u>	24C. DATE SIGNED <u>9-26-55</u>
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>Sept. 29, 1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Miami, Arizona.</u>
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26A. DATE REC. BY LOCAL REG. <u>Oct 7 55</u>	26B. REGISTRAR'S SIGNATURE <u>Nelson D. Bryant</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>	27B. ADDRESS <u>...</u>
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1 AND 19
AL RESIDENCE
X -
DECEDENT 1
PERSONAL DATA 23
4
955
CAUSE OF DEATH (ITEM 18) 0
OPERATIONS, AUTOPSY 0
MEDICAL CERTIFICATION 7/04
DEATH DUE TO EXTERNAL VIOLENCE 1
CORONER'S CERTIFICATION 5
FUNERAL DIRECTOR AND REGISTRAR 19
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