ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5849

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 19

1. PLACE OF DEATH
A. COUNTY: Apache
B. LENGTH OF STAY — IN THIS TOWN: 1 day; IN ARIZONA: Throughout
C. CITY OR TOWN: Springerville — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): White Mt. Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: New Mexico
B. COUNTY: Otero
C. CITY OR TOWN: Alomogordo, N.M. — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 909 Dexter Lane

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Florence B. (MIDDLE) DeLois C. (LAST) Hopkins

4. SEX: F.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Nimon S. Hopkins
7. DATE OF BIRTH — MONTH: Apr DAY: 6 YEAR: 1916
8. AGE (IN YEARS LAST BIRTHDAY): 39 — 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: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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.: Unk.
14A. FATHER'S NAME: Amason
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Florence Abbott
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Nimon S. Hopkins — ADDRESS: Alomogordo, New Mexico
17. DATE OF DEATH — (MONTH) Oct. (DAY) 11 (YEAR) 1955

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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‡ (A) Cerebral Contusion and edema — INTERVAL BETWEEN ONSET AND DEATH: 1 day
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Crushed chest — 1 day

19A. DATE OF OPERATION: 10-10 & 10-11, 55
19B. MAJOR FINDINGS OF OPERATION: Cerebral contusion and edema
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-10-, 1955, TO 10-11-, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 10-11-, 1955 AND THAT DEATH OCCURRED AT 4:47 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Ellis V. Browning (DEGREE OR TITLE) M.D.
22B. ADDRESS: Springerville, Ariz.
22C. DATE SIGNED: 10-12-55

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 3 miles west of Springerville Highway 60
23C. (CITY OR TOWN) (COUNTY) Apache Co (STATE) Ariz
23D. TIME OF INJURY — (MONTH) 10 (DAY) 10 (YEAR) 55 (HOUR) appr. 2:30 P.M.
23E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
23F. HOW DID INJURY OCCUR? Lost Controll of Car and turned over

24A. CORONER'S SIGNATURE: T. Wesley Burk 10-12-55
24B. ADDRESS: Eagar Ariz
24C. DATE SIGNED: 10-12-55

25A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
25B. DATE: 10-12-55
25C. NAME OF CEMETERY OR CREMATORY:
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pomona, California

26A. DATE REC. BY LOCAL REG.: 10-13-55
26B. REGISTRAR'S SIGNATURE: Mrs Marjorie L. Hart
27A. FUNERAL DIRECTOR'S SIGNATURE: Dan B. Nettz
27B. ADDRESS: Springerville, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 70385