

CERTIFICATE OF DEATH

REGISTRAR'S NO. 341

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <u>Gila</u> C. CITY OR TOWN <u>Globe</u> D. FULL NAME OF HOSPITAL OR INSTITUTION <u>51.5 miles East Globe, Highway 60 U. S. Navy Hospital</u>	B. LENGTH OF STAY IN THIS TOWN <u>1 day</u> IN ARIZONA <u>1 day</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>California</u> B. COUNTY <u>San Diego</u>			
	C. CITY OR TOWN <u>Globe</u>		C. CITY OR TOWN <u>San Diego</u>			
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>51.5 miles East Globe, Highway 60 U. S. Navy Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Jerry</u> B. (MIDDLE) <u>Lee</u> C. (LAST) <u>Mullin</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>single</u>	
6B. NAME OF SPOUSE <u>none</u>		7. DATE OF BIRTH MONTH <u>Sept</u> DAY <u>26</u> YEAR <u>1934</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>21</u>	IF UNDER 1 YEAR MONTHS <u>0</u> DAYS <u>18</u>	IF UNDER 24 HRS. HOURS <u>**</u> MIN. <u>**</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>U.S. Navy</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>U. S. Navy</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>unknown</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>Yes U. S. N.</u>		13. SOCIAL SECURITY NO. <u>unknown</u>	
14A. FATHER'S NAME <u>unknown</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>	15A. MOTHER'S MAIDEN NAME <u>unknown</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>	
16. INFORMANT'S SIGNATURE <u>Clyde Shute, Coroner, Globe, Arizona</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Oct 14, 1955 at 00:20 a.m.</u>			

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A, B, C). <u>(A) (B) (C)</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.		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.		MEDICAL CERTIFICATION (A) <u>Multiple skull fractures (automobile accident)</u> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</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"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>live him after death</u> , 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____		22A. SIGNATURE (DEGREE OR TITLE) <u>T.C. Nantz, M.D.</u>		22B. ADDRESS <u>Globe, Ariz.</u>	22C. DATE SIGNED <u>10-14-55</u>

DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>Accident</u>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>5 1/2 miles on highway 6 & 1/2 miles Globe, Gila County</u>	23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Globe, Arizona</u>	
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>Oct. 14 1955 5:20 A.M.</u>	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR? <u>One car into accident</u>	
	24A. CORONER'S SIGNATURE <u>Clyde Shute</u>		24B. ADDRESS <u>Globe, Arizona</u>	24C. DATE SIGNED <u>10-14-55</u>

FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE <u>Oct 14, 1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>A L. Moore & Son</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona.</u>
	26A. DATE REC. BY LOCAL REG. <u>10-14-55</u>	26B. REGISTRAR'S SIGNATURE <u>Frank W. ...</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Gene ...</u>	27B. ADDRESS <u>Globe, Arizona.</u>