ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3667

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 12 - TWA

1. PLACE OF DEATH
A. COUNTY: Coconino
B. LENGTH OF STAY IN THIS TOWN / IN ARIZONA: 1 Hour
C. CITY OR TOWN: ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Grand Canyon, Arizona

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: California
B. COUNTY: Los Angeles
C. CITY OR TOWN: Los Angeles ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1459 West 107th St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Claire B. (MIDDLE) Maria C. (LAST) Marguarite Maag
4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: John Maag
7. DATE OF BIRTH: MONTH 11 DAY 24 YEAR 1918
8. AGE (IN YEARS LAST BIRTHDAY): 37
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:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Germany
11. CITIZEN OF WHAT COUNTRY? Applied U. S.
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. 568-44-1959
14A. FATHER'S NAME: Karl F. Sohroeder
14B. BIRTHPLACE (STATE OR COUNTRY): Germany
15A. MOTHER'S MAIDEN NAME: Elfriede Dombrowski
15B. BIRTHPLACE (STATE OR COUNTRY): Germany
16. INFORMANT'S SIGNATURE: L. B. Lyc. M.D. ADDRESS: Kansas City, Mo.
17. DATE OF DEATH (MONTH) June (DAY) 30 (YEAR) 1956

18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (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) Multiple undetermined injuries — INTERVAL BETWEEN ONSET AND DEATH: instantaneous
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Aircraft Crash
DUE TO (C)
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 ☐ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE)
22B. ADDRESS
22C. DATE SIGNED

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Grand Canyon of the Colorado River
23C. (CITY OR TOWN) (COUNTY) (STATE): Coconino, Ariz.
23D. TIME OF INJURY (MONTH) 6 (DAY) 30 (YEAR) 56 (HOUR) AM
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Aircraft Crash (Comm. Pass.)

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: Shelby McCauley
24B. ADDRESS: Flagstaff, Arizona
24C. DATE SIGNED: 7/7/56

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 7/9/56
25C. NAME OF CEMETERY OR CREMATORY: Citizen's Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
26A. DATE REC. BY LOCAL REG.: 7/9/56
26B. REGISTRAR'S SIGNATURE: Melvin B. Muse
27A. FUNERAL DIRECTOR'S SIGNATURE: G. R. Compton
27B. ADDRESS: Flagstaff, Ariz.
28. EMBALMER'S SIGNATURE: G. R. Compton
28B. EMBALMER'S CERT. NO. 258-A

FORM VS-2 REV. 3-15-55