ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4865

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 47

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY — IN THIS TOWN: 15 Days; IN ARIZONA: 71 Yrs
C. CITY OR TOWN: Congress — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Sonski Mine

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Wickenburg — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): RFD 2 Box 28A, Wickenburg

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Frank B. (MIDDLE) E. C. (LAST) Goodwin
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: Jan DAY: 18 YEAR: 1885
8. AGE (IN YEARS LAST BIRTHDAY): 71 — 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): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Ranching
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): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: Frank Goodwing
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Carrie Thompson
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Norma F. Purser — ADDRESS: Phoenix, Arizona
17. DATE OF DEATH (MONTH) July (DAY) 12 (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) ASPHYXIATION — INTERVAL BETWEEN ONSET AND DEATH: Unknown
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) CARBON MONOXIDE
DUE TO (C)
II. OTHER SIGNIFICANT 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 ... TO ...~~ THAT I LAST SAW THE DECEASED ALIVE ON 11 July 1956, AND THAT DEATH OCCURRED AT Unknown M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Ray L. Moore MD
22B. ADDRESS: 434 W. Gurley, Prescott
22C. DATE SIGNED: 7/17/56

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.): Sonski Mine
23C. (CITY OR TOWN) (COUNTY) (STATE): Congress Yavapai Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): July 12, 1956 Unk. M
23E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR: Monoxide Poison at bottom of mine shaft due to gasoline pump about 70 feet down.

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: Gerald P. Nolan
24B. ADDRESS: Yarnell
24C. DATE SIGNED: 7-17-56

GENERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 7-17-56
25C. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Walnut Grove Arizona
26A. DATE REC. BY LOCAL REG.: 7-21-56
26B. REGISTRAR'S SIGNATURE: Chas H. Adams
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry C. Hampton
27B. ADDRESS: Prescott, Arizona

FORM VS-2 REV. 6-1-53 AMPCO 6-54 15M 79573