ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 4866

BIRTH NO. 27

REGISTRAR'S NO. 48

Item	Entry
1. PLACE OF DEATH A. COUNTY	Yavapai
B. LENGTH OF STAY: IN THIS TOWN	5 Days
IN ARIZONA	68 Yrs
C. CITY OR TOWN	Congress (☒ OUTSIDE CITY LIMITS; ☐ IN CITY LIMITS)
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Sonski Mine Near Congress
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)	Box 824
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) B. (MIDDLE) C. (LAST)	John C. Goodwin
4. SEX	Male
5. COLOR OR RACE	White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
6B. NAME OF SPOUSE	Florence M. Goodwin
7. DATE OF BIRTH (MONTH, DAY, YEAR)	April 7 1888
8. AGE (IN YEARS LAST BIRTHDAY)	68
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) (IF YES, WAR OR DATES OF SERVICE)	Yes WW-1
13. SOCIAL SECURITY NO.	Unknown
14A. FATHER'S NAME	Frank Goodwin
14B. BIRTHPLACE (STATE OR COUNTRY)	Arizona
15A. MOTHER'S MAIDEN NAME	Carrie Thompson
15B. BIRTHPLACE (STATE OR COUNTRY)	Unknown
16. INFORMANT'S SIGNATURE / ADDRESS	Florence M. Goodwin Wickenburgh, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR)	July 12 1956

MEDICAL CERTIFICATION

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A)	ASPHYXIATION	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 — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING 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.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX SAW THE DECEASED ALIVE ON 17 July, 1956, AND THAT DEATH OCCURRED AT Unknown M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE)	22B. ADDRESS	22C. DATE SIGNED
Ray P. Ansaore M.D.	434 W. Gurley Prescott	7/17/56

Item	Entry
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 ? 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 70 feet dow
24A. CORONER'S SIGNATURE	Jerold J. Nolan
24B. ADDRESS	Jarnell Arizona
24C. DATE SIGNED	7-17-56
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 6-55 15M 79573

Margin (left): Punched; OF DEATH AND RESIDENCE 27 45; DECEDENT PERSONAL DATA 1 1 68 3 756; CAUSE OF DEATH (ITEM 18) 8917 0 0; OPERATIONS, AUTOPSY 2; MEDICAL CERTIFICATION 98 4 1; DEATH DUE TO EXTERNAL VIOLENCE 1; CORONER'S CERTIFICATION 5; FUNERAL DIRECTOR AND REGISTRAR 68 2 0