ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6077

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 98

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY: IN THIS TOWN 2 days; IN ARIZONA 18 yrs
C. CITY OR TOWN: Florence — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pinal General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN: Coolidge, — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 787 No. Main
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Willie B. (MIDDLE) Joe C. (LAST) Dalton

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH Mar DAY 13 YEAR 1934
8. AGE (IN YEARS LAST BIRTHDAY): 22 — IF UNDER 1 YEAR: MONTHS 6 DAYS 11 — IF UNDER 24 HRS.: HOURS ---- MIN. ----
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Laborer
9B. KIND OF BUSINESS OR INDUSTRY: Mine
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes — IF YES, WAR OR DATES OF SERVICE: 1952 to 1956
13. SOCIAL SECURITY NO.: 527-40-6062
14A. FATHER'S NAME: J.C.Dalton
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Jewel Hattie Harris
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: John H. Dalton — ADDRESS: 414 4th Avenue
17. DATE OF DEATH (MONTH) (DAY) (YEAR): September 24, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Intracerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 34 hrs

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Accident - Automobile
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple internal Injuries

PLACE DISEASE CONTRACTED.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 22, 1956, TO Sept 24, 1956, THAT I LAST SAW THE DECEASED ALIVE ON Sept 23, 1956, AND THAT DEATH OCCURRED AT 6:05 a M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: E L Heap (DEGREE OR TITLE) M.D.
22B. ADDRESS: Florence, Arizona
22C. DATE SIGNED: 9/ /56

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Car Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): State Hiway # 87 6 Miles
23C. (CITY OR TOWN) (COUNTY) (STATE): So. of Coolidge, Pinal, Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 9/21/56 11 p.m. M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Car struck another car & rolled over

24A. CORONER'S SIGNATURE: [illegible]
24B. ADDRESS: Coolidge Ariz.
24C. DATE SIGNED: 9-24-56.

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9/26/56
25C. NAME OF CEMETERY OR CREMATORY: Valley Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Coolidge, Arizona
26A. DATE REC. BY LOCAL REG.: 9/25/56
26B. REGISTRAR'S SIGNATURE: Ethel L. Eggers
27A. FUNERAL DIRECTOR'S SIGNATURE: Cole & Maud Mortuary, Coolidge, Arizona
27B. ADDRESS: Giles L. Smith 335

FORM VS-2 REV. 6-1-53 AMPCO 77595

9 12 OF DEATH 09 AND RESIDENCE 0307 — 1 — CEDENT 2 RSONAL DATA 122 4 956 — 8164 CAUSE OF DEATH (ITEM 18) 0 0 — RATIONS, UTOPSY 2 — EDICAL IFICATION 58 12 2 — DEATH DUE TO EXTERNAL VIOLENCE 3 — RONER'S IFICATION 5 — NERAL RECTOR AND GISTRAR 74 2 118