ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1605

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2 56

1. PLACE OF DEATH
A. COUNTY: GREENLEE
B. LENGTH OF STAY: IN THIS TOWN 1 HR. IN ARIZONA 8 YRS
C. CITY OR TOWN: 18 MILES SOUTH OF CLIFTON ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HIGHWAY 666 18 MILES SOUTH OF CLIFTON

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: GRAHAM
C. CITY OR TOWN: SAFFORD ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1207 6TH AVE.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) HAROLD B. (MIDDLE) "D" C. (LAST) LINES
4. SEX: M
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): CHILD
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 6 DAY 1 YEAR 48
8. AGE (IN YEARS LAST BIRTHDAY): 8
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): STUDENT
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ARIZONA
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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.: NONE
14A. FATHER'S NAME: BOYCE LINES
14B. BIRTHPLACE (STATE OR COUNTRY): ARIZONA
15A. MOTHER'S MAIDEN NAME: CAROL DRIGGS
15B. BIRTHPLACE (STATE OR COUNTRY): IDAHO
16. INFORMANT'S SIGNATURE: Boyce A. Lines ADDRESS: SAFFORD, ARIZ.
17. DATE OF DEATH (MONTH) MARCH (DAY) 23 (YEAR) 1957

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Extensive traumatic brain injury — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Internal chest injuries
DUE TO (C) Rib and leg fractures
PLACE DISEASE CONTRACTED.
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 DOA, 19__ TO 19__, THAT I LAST SAW THE DECEASED ALIVE ON 19__, AND THAT DEATH OCCURRED AT about 11:15 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): J. C. Knight M.D.
22B. ADDRESS: Safford Arizona
22C. DATE SIGNED: 25 Mar 57

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway 66
23C. (CITY OR TOWN) (COUNTY) (STATE): N.E. of Safford, Graham Co. Ariz.
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 3-23-57 about 11 A.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Big Rock in front of Auto.

24A. CORONER'S SIGNATURE: Cap Nelson
24B. ADDRESS: Safford Ariz
24C. DATE SIGNED: 3-25-57

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 3-26-57
25C. NAME OF CEMETERY OR CREMATORY: SAFFORD CEMETERY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): SAFFORD, ARIZONA
26A. DATE REC. BY LOCAL REG.: 3-25-57
26B. REGISTRAR'S SIGNATURE: Guy Strickland
27A. FUNERAL DIRECTOR'S SIGNATURE: Philip C. Allen
27B. ADDRESS: Safford Ariz.
28A. EMBALMER'S SIGNATURE: Philip C. Allen
28B. EMBALMER'S CERT. NO.: 312

FORM VS-2 REV. 3-15-55

06 05 PLACE OF DEATH 57 AND 33 USUAL RESIDENCE X – DECEDENT PERSONAL DATA 1 1 7 108 0 357 CAUSE OF DEATH (ITEM 18) 8124 0 0 OPERATIONS, AUTOPSY 7 57 MEDICAL CERTIFICATION 06 3 3 DEATH DUE TO EXTERNAL VIOLENCE CORONER'S CERTIFICATION 5 FUNERAL DIRECTOR AND REGISTRAR 28 2 0