ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3709

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 267

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY IN ARIZONA: ~~Yrs.~~ 3 days ~~Mos.~~ Life
C. CITY OR TOWN: Morenci — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PD Hosp.

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Velma B. (MIDDLE) Laura C. (LAST) Howell
4. SEX: FM
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Hugh Howell
7. DATE OF BIRTH: MONTH 2 DAY 6 YEAR 1910
8. AGE (IN YEARS LAST BIRTHDAY): 47 — 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): House wife
9B. KIND OF BUSINESS OR INDUSTRY: At home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? US
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No — (IF YES, WAR OR DATES OF SERVICE): No
13. SOCIAL SECURITY NO.: 527-52-6050
14A. FATHER'S NAME: Chas.R. Hannon
14B. BIRTHPLACE (STATE OR COUNTRY): Alabama
15A. MOTHER'S MAIDEN NAME: Mattie L. Grissom
15B. BIRTHPLACE (STATE OR COUNTRY): Miss.
16. INFORMANT'S SIGNATURE: H. L. Howell — ADDRESS: Rt 2 Box 18 Duncan
17. DATE OF DEATH: (MONTH) June (DAY) 28 (YEAR) 1957

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive Crisis — 4 days
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 6/25, 1957 TO 6/27, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 6/27, 1957, AND THAT DEATH OCCURRED AT 7:56 PM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: T. B. Lettmann M.D. (DEGREE OR TITLE)
22B. ADDRESS: Morenci, Ariz.
22C. DATE SIGNED: 6/28/57

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL CAUSE ☐ (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 6/29/57
25C. NAME OF CEMETERY OR CREMATORY: Duncan
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Duncan Ariz
26A. DATE REC. BY LOCAL REG.: JUN 28 1957
26B. REGISTRAR'S SIGNATURE: Guy Strickland
27A. FUNERAL DIRECTOR'S SIGNATURE: J. F. McMillan
27B. ADDRESS: Clifton Ariz
28A. EMBALMER'S SIGNATURE: J. F. McMillan
28B. EMBALMER'S CERT. NO.: 166A

FORM VS-2 REV. 3-15-55