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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4451

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 43

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY IN THIS TOWN: 0 IN ARIZONA: 45 yrs
C. CITY OR TOWN: Safford ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Hwy 666 10 mi. S. of Safford

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz.
B. COUNTY: Cochise
C. CITY OR TOWN: Douglas ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 966 International Ave

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Minnie B. (MIDDLE) M. C. (LAST) Price
4. SEX: F
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 9 DAY 6 YEAR 1911
8. AGE (IN YEARS LAST BIRTHDAY): 46 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): Nurse
9B. KIND OF BUSINESS OR INDUSTRY: Hospital
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ariz.
11. CITIZEN OF WHAT COUNTRY? U S
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: John H. Hughes
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Ruth Gonzales
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: Mrs A.G. Molina ADDRESS: Douglas, Ariz.
17. DATE OF DEATH (MONTH) July (DAY) 5 (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) Multiple injuries - Fractured ribs and crushed chest
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Fractured neck
DUE TO (C) Head injury
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____, 19__, TO ____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): [illegible] MD
22B. ADDRESS: Safford, Ariz.
22C. DATE SIGNED: 7-9-57

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 666
23C. (CITY OR TOWN) (COUNTY) (STATE): Safford Graham Ariz
23D. TIME OF INJURY (MONTH) July (DAY) 5 (YEAR) 1957 (HOUR) 2:30 PM
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Car overturned - tire blew out

24A. CORONER'S SIGNATURE: [illegible]
24B. ADDRESS: Safford
24C. DATE SIGNED: 7-10-57

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 7-10-57
25C. NAME OF CEMETERY OR CREMATORY:
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Arizona
26A. DATE REC. BY LOCAL REG.: July 10-57
26B. REGISTRAR'S SIGNATURE: [illegible] Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: W.H. Caldwell
27B. ADDRESS: Safford, Ariz

FORM VS-2 REV. 6-1-53 [illegible] AMPCO 77595

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8234 CAUSE OF DEATH (ITEM 18) 0 0
RATIONS, UTOPSY 7 8 05 MEDICAL TIFICATION 2 3
DEATH DUE TO EXTERNAL VIOLENCE
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