

5871

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 536 ✓

PLACE OF DEATH AND USUAL RESIDENCE
0201

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 7 days IN ARIZONA 7 days		2. USUAL RESIDENCE A. STATE Texas	
C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Abilene	
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		D. STREET ADDRESS 548 N. Labor Trailer Court			

PRECEDENT PERSONAL DATA
1
1/24
4
957
9165

3. NAME OF DECEASED (TYPE OR PRINT) William Joseph Philley			4. SEX male	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married
6B. NAME OF SPOUSE Margaret Eilers		7. DATE OF BIRTH MONTH DAY YEAR Oct 2 1932	8. AGE (IN YEARS LAST BIRTHDAY) 24	IF UNDER 1 YEAR MONTHS DAYS 11 2	IF UNDER 24 HRS. HOURS MIN. ** **
9B. KIND OF BUSINESS OR INDUSTRY truck driver	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Abilene, Texas	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes, Korean War, U.S. Army	13. SOCIAL SECURITY NO. 167-32-8589	
14A. FATHER'S NAME Wiles Aubra Philley		14B. BIRTHPLACE (STATE OR COUNTRY) Mississippi	15A. MOTHER'S MAIDEN NAME Belle Carter		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona
16. INFORMANT'S SIGNATURE (wife) Margaret Philley ADDRESS Abilene, Texas			17. DATE OF DEATH Sept 4, 1957 at 10:55 AM (YEAR)		

CAUSE OF DEATH ITEM 18)
0
0

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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	MEDICAL CERTIFICATION (A) 1 st , 2 nd & 3 rd Burns trunk, head & upper extremities. DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

OPERATIONS, AUTOPSY 2

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION 65 04 2 4

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 3, 1957 to Sept 4, 1957, THAT I LAST SAW THE DECEASED ALIVE ON Sept 4, 1957, AND THAT DEATH OCCURRED AT M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
22A. SIGNATURE Walter M. O'Brien M.D.	22B. ADDRESS Globe Arizona
22C. DATE SIGNED 9-4-57	

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Accident	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Highway 70.10 mi. S. of Globe, Globe, Globe Arizona	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY Sept 3 1957 M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR? Collision of car from East.

CORONER'S CERTIFICATION 5

24A. CORONER'S SIGNATURE M. J. Hunt	24B. ADDRESS Box 811 Globe Arizona	24C. DATE SIGNED 9-5-57
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MUNICIPAL DIRECTOR AND REGISTRAR 17 2

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Sept 6, 1957	25C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Abilene, Texas
26A. DATE REC. BY LOCAL REG. 9-5-57	26B. REGISTRAR'S SIGNATURE Drew Maxwell	27A. FUNERAL DIRECTOR'S SIGNATURE Gene James Thacker	27B. ADDRESS Globe, Arizona. Babinger #323

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