ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5887

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 281

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY: IN THIS TOWN 20 yrs. IN ARIZONA 21 yrs.
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): ~~Morenci-Hospital~~ 36-A Oak St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Greenlee
C. CITY OR TOWN: Morenci — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 36 A Upper Oak Street

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Jessie B. (MIDDLE) Mae C. (LAST) Jones

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE: Martin N. Jones
7. DATE OF BIRTH: MONTH 8 DAY 16 YEAR 95
8. AGE (IN YEARS LAST BIRTHDAY): 62 — IF UNDER 1 YEAR: MONTHS 1 DAYS — IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Flotation Operator
9B. KIND OF BUSINESS OR INDUSTRY: Copper Mining
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kansas
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.: 527-32-1387
14A. FATHER'S NAME: James H. Cramer
14B. BIRTHPLACE (STATE OR COUNTRY): Illinois
15A. MOTHER'S MAIDEN NAME: Cynthia Elizabeth Smith
15B. BIRTHPLACE (STATE OR COUNTRY): Illinois
16. INFORMANT'S SIGNATURE: N. Cramer Jones — ADDRESS: Morenci, Arizona
17. DATE OF DEATH (MONTH) 9 (DAY) 14 (YEAR) 57

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH: 2 years
DUE TO (B)
DUE TO (C)

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

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 9/14, 1957, TO 9/14, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 9/14, 1957, AND THAT DEATH OCCURRED AT 12:10 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John C. Gadbury Jr. M.D. — (DEGREE OR TITLE)
22B. ADDRESS: Morenci Arizona
22C. DATE SIGNED: 9/14/57

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: 9-14-57
25C. NAME OF CEMETERY OR CREMATORY: ~~Lakeview Memorial~~
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford Ariz
26A. DATE REC. BY LOCAL REG.: SEP 15 1957
26B. REGISTRAR'S SIGNATURE: Edna Strickland, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: W. H. Caldwell
27B. ADDRESS: Safford

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