ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6511

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Coconino
B. LENGTH OF STAY — IN THIS TOWN: 0 — IN ARIZONA: 0
C. CITY OR TOWN: 21 miles west of Cameron, Arizona — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION):

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: New Mexico
B. COUNTY: Chaves
C. CITY OR TOWN: Roswell — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 1803 W. 1st St. (IF RURAL, GIVE LOCATION)
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) WILBUR B. (MIDDLE) KENNETH C. (LAST) ABNEY

4. SEX: Male
5. COLOR OR RACE: Cau
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Teena L Abney
7. DATE OF BIRTH — MONTH: Apr DAY: 13 YEAR: 1925
8. AGE (IN YEARS LAST BIRTHDAY): 32 — 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): Senior Pilot
9B. KIND OF BUSINESS OR INDUSTRY: Military USAF
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes — (IF YES, WAR OR DATES OF SERVICE): Unknown
13. SOCIAL SECURITY NO.: 457-28-765
14A. FATHER'S NAME: Unknown (deceased)
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Marion J. Turpin
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Official Records, ADDRESS: Walker AFB, Roswell, New Mexico
17. DATE OF DEATH — (MONTH): October (DAY): 29 (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) Injuries, multiple, extreme — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
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: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Never attended or seen alive, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT appr 850 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: D. J. Lowry (DEGREE OR TITLE) DONALD J. LOWRY CAPT USAF (MC)
22B. ADDRESS: 3600TH USAF HOSPITAL LUKE AFB ARIZ
22C. DATE SIGNED: 30 Oct 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.): 21 mi west of Cameron Ariz
23C. (CITY OR TOWN) (COUNTY) (STATE): Coconino Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Oct 29 1957 850 a M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Aircraft accident "Military"

24A. CORONER'S SIGNATURE: James F. Drueler E. Officio
24B. ADDRESS: Flagstaff, Arizona
24C. DATE SIGNED: 10-30-57

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 11-7-1957
25C. NAME OF CEMETERY OR CREMATORY: Meldrum Mortuary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 12-30-57
26B. REGISTRAR'S SIGNATURE: Melvin Weiss
27A. FUNERAL DIRECTOR'S SIGNATURE: G. Lee Moore Jr
27B. ADDRESS: 3333 W. Adams
28. EMBALMER'S SIGNATURE: Asler Haip
28B. EMBALMER'S CERT. NO.: 2694

FORM VS-2 REV. 3-15-55

DECEDENT PERSONAL DATA

CAUSE OF DEATH (ITEM 18)

OPERATIONS, AUTOPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR