ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 4945

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY: IN THIS TOWN 6½ mos; IN ARIZONA 6½ mos
C. CITY OR TOWN: Clifton — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Near Clifton Country Club

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Donald B. (MIDDLE) Lynn C. (LAST) Huffman
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
6B. NAME OF SPOUSE: ----
7. DATE OF BIRTH: MONTH July, DAY 18, YEAR 1957
8. AGE (IN YEARS LAST BIRTHDAY): 0
IF UNDER 1 YEAR: MONTHS 11, DAYS 23
IF UNDER 24 HRS.: HOURS, MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): ----
9B. KIND OF BUSINESS OR INDUSTRY: -----
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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.: None
14A. FATHER'S NAME: Lee Huffman
14B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
15A. MOTHER'S MAIDEN NAME: Mary J. Spaw
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Mrs Lee Huffman — ADDRESS:
17. DATE OF DEATH (MONTH) July (DAY) 5, (YEAR) 1958

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) Cardio - Respiratory collapse — 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) Bacteremia (Toxic)
DUE TO (C) Bronchio - pneumonitis
II. OTHER SIGNIFICANT 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 7/3, 1958, TO 7/5, 1958 THAT I LAST SAW THE DECEASED ALIVE ON 7/5, 1958, AND THAT DEATH OCCURRED AT 9:50 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Joseph E. Lewis (DEGREE OR TITLE) DO
22B. ADDRESS: Duncan, Arizona
22C. DATE SIGNED: 7/8/58

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: July 9, 1958
25C. NAME OF CEMETERY OR CREMATORY: Duncan Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Duncan, Arizona
26A. DATE REC. BY LOCAL REG.: July 9, 1958
26B. REGISTRAR'S SIGNATURE: Mildred M. Smith, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Arthur L. Lewallen
27B. ADDRESS: Cliffin, Arizona
28. EMBALMER'S SIGNATURE: Arthur L. Lewallen
28B. EMBALMER'S CERT. NO.: 352

FORM VS-2 REV. 3-15-55

16 06 — E OF DEATH — AND 1Y — L RESIDENCE X — 1 — ECEDENT 2 — RSONAL DATA 2 11 4 — 7 8 — 49 X — CAUSE OF DEATH 0 — TEM 18) 6 — RATIONS, UTOPSY 4 — EDICAL IFICATION — DEATH DUE TO EXTERNAL VIOLENCE — RONER'S IFICATION 2 — NERAL RECTOR AND GISTRAR 2 — 206