ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5601

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 169

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN: 6 Mo; IN ARIZONA: 2 Yrs
C. CITY OR TOWN: Parker — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 7½ Mi. Up the River

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 803 E. Van Buren

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Claude B. (MIDDLE) Vernon C. (LAST) Maxon
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Frances B.
7. DATE OF BIRTH: MONTH Sept DAY 8 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): Sheet Metal Worker
9B. KIND OF BUSINESS OR INDUSTRY: Sheet Metal
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kansas
11. CITIZEN OF WHAT COUNTRY? USA
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.: 545-12-2113
14A. FATHER'S NAME: Robert V. Maxon
14B. BIRTHPLACE (STATE OR COUNTRY): Mo.
15A. MOTHER'S MAIDEN NAME: Ethel Flora Blair
15B. BIRTHPLACE (STATE OR COUNTRY): Mo.
16. INFORMANT'S SIGNATURE: Mrs Francies B. Maxon ADDRESS: Parker Ariz.
17. DATE OF DEATH: (MONTH) July (DAY) 4 (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) Drowned — INTERVAL BETWEEN ONSET AND DEATH
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
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 12:30 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): J C Horton M.D.
22B. ADDRESS: Parker Arizona
22C. DATE SIGNED: 7-6-58

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Colorado River 7½ Mi. N
23C. (CITY OR TOWN) (COUNTY) (STATE): Parker Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): July 4 58 12:30 P.M.
23E. WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Drowned

24A. CORONER'S SIGNATURE: O.M. Hamilton
24B. ADDRESS: Parker Arizona
24C. DATE SIGNED: 7-6-58

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 7-8-58
25C. NAME OF CEMETERY OR CREMATORY: Parker Public
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Parker Arizona
26A. DATE REC. BY LOCAL REG.: 7-7-58
26B. REGISTRAR'S SIGNATURE: J B Roberts
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Coffinger
27B. ADDRESS: Wickenburg Ariz

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

15 17 E OF DEATH AND 29 RESIDENCE X
1 1 SCEDENT RSONAL DATA 146 4 758
9298 CAUSE OF DEATH TEM 18) 0 0
RATIONS, UTOPSY 27
EDICAL IFICATION 15 2 4
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S IFICATION 5
UNERAL RECTOR AND GISTRAR 2 102