ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5628

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Apache
B. LENGTH OF STAY: IN THIS TOWN / IN ARIZONA 1 yrs
C. CITY OR TOWN: Rural — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5 mi. West Concho

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Apache
C. CITY OR TOWN: Rural — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 5 Mi. West Concho
E. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Floyd B. (MIDDLE) Leverton C. (LAST) Stradling

4. SEX: Male **5. COLOR OR RACE:** White **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Never Married

6B. NAME OF SPOUSE:

7. DATE OF BIRTH: MONTH 3 DAY 8 YEAR 57

8. AGE (IN YEARS LAST BIRTHDAY): 1 — 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): None

9B. KIND OF BUSINESS OR INDUSTRY: None

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona

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.: None

14A. FATHER'S NAME: Frank Stradling

14B. BIRTHPLACE (STATE OR COUNTRY): Arizona

15A. MOTHER'S MAIDEN NAME: Floy Leverton

15B. BIRTHPLACE (STATE OR COUNTRY): Arizona

16. INFORMANT'S SIGNATURE: Frank Stradling — ADDRESS: St. Johns, Arizona

17. DATE OF DEATH: (MONTH) August (DAY) 11 (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.

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) Asphyxiation
DUE TO (B) Drowning
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May, 1958 TO Aug 1, 1958 THAT I LAST SAW THE DECEASED ALIVE Aug 10, 1958 AND THAT DEATH OCCURRED AT 10:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Lawrence Allsworth D.O. — **22B. ADDRESS:** St. Johns Ariz — **22C. DATE SIGNED:** 8/13/58

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Ranch - Walk through Concho Reservoir — **23C.** (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME OF INJURY: (MONTH) (DAY) (YEAR) (HOUR) Aug 11 1958 10 AM

23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?: Child fell into Water Tragic

24A. CORONER'S SIGNATURE: Richard Slaton Justice of Peace — **24B. ADDRESS:** Box 501 St. Johns — **24C. DATE SIGNED:** Aug 11 1958

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐ — **25B. DATE:** 8-13-58 — **25C. NAME OF CEMETERY OR CREMATORY:** St. Johns Cemetery — **25D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE): St. Johns, Arizona

26A. DATE REC. BY LOCAL REG.: 8-13-58 — **26B. REGISTRAR'S SIGNATURE:** Florence Buthie

27A. FUNERAL DIRECTOR'S SIGNATURE: Dave B. Hett — **27B. ADDRESS:** Springerville, Ariz.

28. EMBALMER'S SIGNATURE: Dave B. Hett — **28B. EMBALMER'S CERT. NO.:** 266A

FORM VS-2 REV. 3-15-55

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