ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6382

CERTIFICATE OF DEATH

BIRTH NO. 95 05 31

REGISTRAR'S NO. 66.

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY: IN THIS TOWN / IN ARIZONA: 1 days
C. CITY OR TOWN: Prescott Dam — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 13 miles Southwest of Prescott Dam

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Prescott — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 5 Blocks S. of P.O.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Edwin B. (MIDDLE) Olin C. (LAST) Cluff
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Arthetta May
7. DATE OF BIRTH: MONTH Feb DAY 9 YEAR 1917
8. AGE (IN YEARS LAST BIRTHDAY): 39
IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HRS. / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Operator
9B. KIND OF BUSINESS OR INDUSTRY: Bulldozer
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE): No
13. SOCIAL SECURITY NO.: 556-14-7610
14A. FATHER'S NAME: Alfred M. Cluff
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Eva Hawkie
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Arthetta M. Cluff — ADDRESS: Prescott Ariz
17. DATE OF DEATH: September 15 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) Compound, Comminuted skull fracture
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Multiple fractures.
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 5-31, 1958, TO 6-9, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 6-9, 1958, AND THAT DEATH OCCURRED AT Approx 12:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Hopkinson (DEGREE OR TITLE) MD — 22B. ADDRESS: Safford Ariz — 22C. DATE SIGNED: 9-18-58

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.): Mountain Road
23C. (CITY OR TOWN) (COUNTY) (STATE): Near Drake's Ranch Prescott Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Sept. 15 1958 12:00
23E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Bulldozer Rolled OFF Mountain

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: L. B. Brown M.D. — 24B. ADDRESS: Fort Thomas — 24C. DATE SIGNED: 9-16-58

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: SEP 18
25C. NAME OF CEMETERY OR CREMATORY: Prescott Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prescott Ariz
26A. DATE REC. BY LOCAL REG.: 10-3-58
26B. REGISTRAR'S SIGNATURE: Otto H. Koyer
27A. FUNERAL DIRECTOR'S SIGNATURE: W. Kae Bell
27B. ADDRESS: Safford
28. EMBALMER'S SIGNATURE: W. Kae Bell
28B. EMBALMER'S CERT. NO.: 291

FORM VS-2 REV. 3-15-55

95 05 31 OF DEATH AND RESIDENCE X
DECEDENT PERSONAL DATA 1 1 1 139 0 918
CAUSE OF DEATH (ITEM 18) 350 0 0
OPERATIONS, AUTOPSY 4
MEDICAL CERTIFICATION 98 65 1
DEATH DUE TO EXTERNAL VIOLENCE 3
CORONER'S CERTIFICATION 5
FUNERAL DIRECTOR AND REGISTRAR 38 0