ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6386

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 19

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY IN THIS TOWN / IN ARIZONA: 49 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): US 666, Mi. Post 225.7

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

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): John
B. (MIDDLE): Atchison
C. (LAST): Woods

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 2 DAY 9 YEAR 09
8. AGE (IN YEARS LAST BIRTHDAY): 49
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): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Cattle
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): Yes — (IF YES, WAR OR DATES OF SERVICE): World War 2
13. SOCIAL SECURITY NO.: 526-12-4463
14A. FATHER'S NAME: Albert A. Woods
14B. BIRTHPLACE (STATE OR COUNTRY): Nevada
15A. MOTHER'S MAIDEN NAME: Elizabeth Clarinda Lytle
15B. BIRTHPLACE (STATE OR COUNTRY): Nevada
16. INFORMANT'S SIGNATURE — ADDRESS: Andrew Woods, Springerville, Arizona
17. DATE OF DEATH: August (MONTH) 19 (DAY) 1958 (YEAR)

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) Automobile accident, exact cause of death unknown.
DUE TO (B)
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

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 Seen after death, 19___ TO ___, 19___, THAT I LAST SAW THE DECEASED ALIVE ON ___, 19___, AND THAT DEATH OCCURRED AT ___ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE — (DEGREE OR TITLE): Donald A. Young, DO.
22B. ADDRESS: Springerville, Arizona
22C. DATE SIGNED: 9/9/58

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.): Rural
23C. (CITY OR TOWN) (COUNTY) (STATE): Greenlee, Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Aug 19 1958 9 PM
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Car left highway

24A. CORONER'S SIGNATURE: Neil Simmons
24B. ADDRESS: 11th & Clifton, Clifton
24C. DATE SIGNED: Sept 10, 1958

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9-9-58
25C. NAME OF CEMETERY OR CREMATORY: Eagar Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Eagar, Arizona
26A. DATE REC. BY LOCAL REG.: Sept 13 1958
26B. REGISTRAR'S SIGNATURE: Mrs Maryellen L. Hearne
27A. FUNERAL DIRECTOR'S SIGNATURE: Dan B. Nitz
27B. ADDRESS: Springerville, Ariz.
28. EMBALMER'S SIGNATURE: Dan B. Nitz
28B. EMBALMER'S CERT. NO.: 266A

FORM VS-2 REV. 3-15-55