ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7070

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 75

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY: IN THIS TOWN 29 yrs; IN ARIZONA 32 yrs
C. CITY OR TOWN: Safford
☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Gila Valley Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Safford
☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 702 11th Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Bewey B. (MIDDLE) Thomas C. (LAST) Melton
4. SEX: Male
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ruby Melton
7. DATE OF BIRTH: MONTH Aug. DAY 10 YEAR 1925
8. AGE (IN YEARS LAST BIRTHDAY): 33
IF UNDER 1 YEAR: MONTHS DATE
IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Mining Engineer
9B. KIND OF BUSINESS OR INDUSTRY: Hwy Construction
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Okla
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): WW II
13. SOCIAL SECURITY NO.: 527-22-5621
14A. FATHER'S NAME: Dallas T. Melton
14B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
15A. MOTHER'S MAIDEN NAME: Ovreta Hawkins
15B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
16. INFORMANT'S SIGNATURE: D T Melton ADDRESS: Morenci, Ariz.
17. DATE OF DEATH (MONTH) October (DAY) 28 (YEAR) 1958

MEDICAL CERTIFICATION

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.)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Subarachnoid Hemorrhage
DUE TO (B): Hemorrhagic Left Cerebellum
DUE TO (C): Trauma to Left Occipital Area.
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
PLACE DISEASE CONTRACTED.
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-27, 1958 TO 10-28, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 10-24, 1958, AND THAT DEATH OCCURRED AT 6:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Charles W. Kerr (DEGREE OR TITLE) M.D.
22B. ADDRESS: Safford, Ariz.
22C. DATE SIGNED: 10-30-58

23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): U.S. Hwy 70.
23C. (CITY OR TOWN) Safford (COUNTY) Graham (STATE) Ariz.
23D. TIME OF INJURY (MONTH) 10 (DAY) 27 (YEAR) 58 (HOUR) 7 P.M.
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Unknown

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 10-31-58
25C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford Ariz.
26A. DATE REC'D BY LOCAL REG.: Oct 30 1958
26B. REGISTRAR'S SIGNATURE: Willard Lowe
27A. FUNERAL DIRECTOR'S SIGNATURE: W. H. Caldwell
27B. ADDRESS: Safford
28. EMBALMER'S SIGNATURE: W. H. Caldwell
28B. EMBALMER'S CERT. NO.: 291

FORM VS-2 REV. 2-15-55

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AND 32
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DATA 1
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2365
CAUSE OF DEATH (ITEM 18) 0 0
ERATIONS, AUTOPSY 1
MEDICAL TIFICATION 32 65 1
DEATH DUE TO EXTERNAL VIOLENCE 1
ORONER'S TIFICATION 1
UNERAL DIRECTOR AND EGISTRAR 28
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