Verified

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2758

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 275

6 05 OF DEATH AND 11 RESIDENCE 0302

1. PLACE OF DEATH A. COUNTY: Greenlee
B. LENGTH OF STAY: IN THIS TOWN: 2 mos; IN ARIZONA: 79 yrs
C. CITY OR TOWN: Morenci; ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Morenci Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Thatcher; ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 154 Church St.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Jack B. (MIDDLE) Dempsey C. (LAST) Donham
Jack Dempsey Donham

4. SEX: M
5. COLOR OR RACE: Caus
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Ivy
7. DATE OF BIRTH: MONTH: Mar DAY: YEAR: 1928
8. AGE (IN YEARS LAST BIRTHDAY): 31
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): Carpenter
9B. KIND OF BUSINESS OR INDUSTRY: Copper
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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): Yes 2 yrs 1945 to 1947
13. SOCIAL SECURITY NO. 526-30-0838
14A. FATHER'S NAME: Sam Donham
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Emma Williams
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: S. T. Donham ADDRESS: Pima Ariz.
17. DATE OF DEATH (MONTH) April (DAY) 26, (YEAR) 1959

CEDENT 1 1 1 3 1 RSONAL DATA 4 4 5 9

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) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 8 hours
DUE TO (B) Operation — 8-11 hrs
DUE TO (C) Injured rt hand — 12½ hours

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

7 1 2 3 CAUSE OF DEATH (ITEM 18) 6 6

RATIONS, UTOPSY 2

19A. DATE OF OPERATION: 4-26-59
19B. MAJOR FINDINGS OF OPERATION: Cardiac arrest corrected by massage.
20. AUTOPSY? YES ☐ NO ☒

72 EDICAL 16 IFICATION 1

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-26-59, 19__, TO 4-26-59, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 4-26-59, 19__, AND THAT DEATH OCCURRED AT 8:05 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Carl H. Jans M.D. (DEGREE OR TITLE)
22B. ADDRESS: Morenci, Arizona.
22C. DATE SIGNED: 4-26-59

1 DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT X SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Carpenter shop
23C. (CITY OR TOWN) (COUNTY) (STATE): Morenci Greenlee Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 4-26-59 7:30 A.M.
23E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Rt. hand caught in power saw

RONER'S IFICATION 1

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

UNERAL RECTOR AND GISTRAR 28 2 119

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: April 26, 1959
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Arizona
26A. DATE REC. BY LOCAL REG.: APR 2 [illegible]
26B. REGISTRAR'S SIGNATURE: Guy Strickland
27A. FUNERAL DIRECTOR'S SIGNATURE: Caldwell Funeral Home By Dale Hartfield
27B. ADDRESS: Safford, Arizona

FORM VS-7 REV. 6-1-53 AMPCO 77505