ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 4188

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 122

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY — IN THIS TOWN: Life; IN ARIZONA: Life
C. CITY OR TOWN: Sacaton — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Miles S. Gr. #187 Hiway

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN: Sacaton — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): P O Box 48
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Truman B. (MIDDLE) Roswell C. (LAST) Jackson
4. SEX: Male
5. COLOR OR RACE: Indian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH — MONTH: June DAY: 13 YEAR: 1935
8. AGE (IN YEARS LAST BIRTHDAY): 24 — 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): Govt. Indian Agency
9B. KIND OF BUSINESS OR INDUSTRY: Govt.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Sacaton, Ariz.
11. CITIZEN OF WHAT COUNTRY? U S A
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No — (IF YES, WAR OR DATES OF SERVICE): No
13. SOCIAL SECURITY NO.: 526-42-3608
14A. FATHER'S NAME: Thomas F. Jackson
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Lucy Pedro
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Thomas F. Jackson — ADDRESS: Sacaton, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): May 15, 1959

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. P O Box 54

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Multiple injuries including

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) abdominal evisceration
DUE TO (C) multiple fracture (auto crash) — INTERVAL BETWEEN ONSET AND DEATH: Instant.

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 only, THAT I LAST SAW THE DECEASED ALIVE ON 5-15- 19 59 AND THAT DEATH OCCURRED AT M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: R. F. Dehan M.D (DEGREE OR TITLE)
22B. ADDRESS: Casa Grande Ariz
22C. DATE SIGNED: 5-15-59

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Auto
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Hi 187 State Route
23C. (CITY OR TOWN) (COUNTY) (STATE): PINAL ARIZ
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 5 15 59 3 AM
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Ran over by car while lying in road

24A. CORONER'S SIGNATURE: George Dawn Pickens
24B. ADDRESS: Casa Grande, Arizona
24C. DATE SIGNED: 5-15-59

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: May 16, 1959
25C. NAME OF CEMETERY OR CREMATORY: Sacaton Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Sacaton, Pinal Arizona
26A. DATE REC. BY LOCAL REG.: 5-16-59
26B. REGISTRAR'S SIGNATURE: Elaine C. Deane
27A. FUNERAL DIRECTOR'S SIGNATURE: Family Burial
27B. ADDRESS: Sacaton, Arizona
28A. EMBALMER'S SIGNATURE: Jack Norbo
28B. EMBALMER'S CERT. NO.: 315

FORM VS-2 REV. 3-15-55 15M AMPCO 16656