ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1907

# CERTIFICATE OF DEATH

REGISTRAR'S NO. 1970

BIRTH NO.

**1. PLACE OF DEATH**
A. COUNTY: Yavapai
B. LENGTH OF STAY — IN THIS TOWN: 17 days; IN ARIZONA: 8 years
C. CITY OR TOWN: Whipple, Arizona — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Veterans Administration Center

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Wickenburg — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 532
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) HARRY B. (MIDDLE) L. C. (LAST) CHAFFINS
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Carolyn Chaffins
7. DATE OF BIRTH — MONTH: 11 DAY: 11 YEAR: 30
8. AGE (IN YEARS LAST BIRTHDAY): 29 — 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): Mechanic
9B. KIND OF BUSINESS OR INDUSTRY: - - -
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kentucky
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): 10-22-52 to 1-31-53
13. SOCIAL SECURITY NO.: 403 36 0170
14A. FATHER'S NAME: Harry Chaffins
14B. BIRTHPLACE (STATE OR COUNTRY): W. Virginia
15A. MOTHER'S MAIDEN NAME: Emma J. Willoughty
15B. BIRTHPLACE (STATE OR COUNTRY): Kentucky
16. INFORMANT'S SIGNATURE: Carolyn Chaffins (Wife) ADDRESS: Box 532, Wickenburg, Ariz.
17. DATE OF DEATH — (MONTH) FEBRUARY (DAY) 20 (YEAR) 1960

**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) Pyogenic abscesses right lung — INTERVAL BETWEEN ONSET AND DEATH: Weeks
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Acute nephritis — Weeks
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: - - -
20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM February 3, 1960 TO February 20 1960 AND THAT DEATH OCCURRED AT 11:20 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Dorin E. Dickelmann, M.D., Pathologist
22B. ADDRESS: VA Center, Whipple, Arizona
22C. DATE SIGNED: 2-23-60

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): - - -
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): - - -
23C. (CITY OR TOWN) (COUNTY) (STATE): - - -
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M: - - -
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR? - - -

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

25A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
25B. DATE: 2-24-60
25C. NAME OF CEMETERY OR CREMATORY:
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg, Arizona
26A. DATE REC. BY LOCAL REG.: 2/25/60
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: Edwin S. Hulmer
27B. ADDRESS: Prescott, Arizona
28A. EMBALMER'S SIGNATURE: Edwin S. Hulmer
28B. EMBALMER'S CERT. NO.: 361-A

FORM VS-2 REV. 3-15-55 25M AMPCO 26392

Verified
Published
DATE OF DEATH AND FUEL RESIDENCE
DECEDENT/PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
OPERATIONS, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR