ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 4223

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 347

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 28 hrs; IN ARIZONA 4 yrs
C. CITY OR TOWN: Wickenburg — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Community Hospital

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Hazel B. (MIDDLE) M C. (LAST) Mathis
4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Jalmer Mathis
7. DATE OF BIRTH: MONTH Oct. DAY 13 YEAR 1918
8. AGE (IN YEARS LAST BIRTHDAY): 41 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mass.
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO. 382-20-0724
14A. FATHER'S NAME: William C. Hagen
14B. BIRTHPLACE (STATE OR COUNTRY): Mass.
15A. MOTHER'S MAIDEN NAME: Catherine Ward
15B. BIRTHPLACE (STATE OR COUNTRY): Mass.
16. INFORMANT'S SIGNATURE: Martha Thecker. ADDRESS: 1718 W. Hadley. Phoenix, Ariz.
17. DATE OF DEATH: (MONTH) May (DAY) 10 (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) Circulatory collapse — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Multiple fractures
DUE TO (C) Auto accident

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 5-9, 1960 TO 5-10, 1960 THAT I LAST SAW THE DECEASED ALIVE ON 5-9, 1960 AND THAT DEATH OCCURRED AT 6:20 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Paul W. Kleinman M.D.
22B. ADDRESS: Wickenburg, Arizona
22C. DATE SIGNED: 5-10-60

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway 60-70-89 Near
23C. (CITY OR TOWN) (COUNTY) (STATE): Wittmann Maricopa Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 5-9-60 1:15 A M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Head on Collision

24A. CORONER'S SIGNATURE: R. L. Westall, Coroner
24B. ADDRESS: Box 794 Wickenburg
24C. DATE SIGNED: 5/10/60

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 5-10-60
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 5-10-60
26B. REGISTRAR'S SIGNATURE: Mrs J. H. Walker
27A. FUNERAL DIRECTOR'S SIGNATURE: R. L. [illegible]
27B. ADDRESS: 376 N. 3rd Ave
28A. EMBALMER'S SIGNATURE: H. L. Coffinger
28B. EMBALMER'S CERT. NO. 188-A

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