PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3871

CERTIFICATE OF DEATH

REGISTRAR'S NO. #37

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Graham
B. LENGTH OF STAY IN THIS TOWN: 13yrs. IN ARIZONA: 14 1/2yrs
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): 1 mile south of Safford

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 (IF RURAL, GIVE LOCATION): 1916 First Avenue
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Jerrold B. (MIDDLE) C. (LAST) Goodman
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH Jul. DAY 17 YEAR 1943
8. AGE (IN YEARS LAST BIRTHDAY): 17 IF UNDER 1 YEAR: MONTHS DAYS HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Student
9B. KIND OF BUSINESS OR INDUSTRY: school
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
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):
13. SOCIAL SECURITY NO.: unknown
14A. FATHER'S NAME: Robert Goodman
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Virginia Aylesworth
15B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania
16. INFORMANT'S SIGNATURE: Mrs Virginia Goodman ADDRESS: 1916 1st Ave.
17. DATE OF DEATH: MONTH May DAY 25 YEAR 1961

CAUSE OF DEATH (ITEM 18)

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) Hemorrhagic shock — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Auto accident - shattered rt.

DUE TO (C) hip and pelvis and perforated abdomen

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

OPERATIONS AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19__ TO _____, 19__ THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__ AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Bruce N. Carter, M.D. (DEGREE OR TITLE)
22B. ADDRESS: Safford, Arizona
22C. DATE SIGNED: 27 May 1961

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway 666
23C. (CITY OR TOWN) Safford (COUNTY) Graham (STATE) Ariz.
23D. TIME OF INJURY (MONTH) May (DAY) 25 (YEAR) 1961 (HOUR) 10:00 AM
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Auto accident

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: W. C. Clifford J.P.
24B. ADDRESS: Safford Arizona
24C. DATE SIGNED: 5-28-61

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: May 29, 1961
25C. NAME OF CEMETERY OR CREMATORY: Safford Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Arizona
26A. DATE REC. BY LOCAL REG.: May 27 1961
26B. REGISTRAR'S SIGNATURE: Otha H. Lopez
27A. FUNERAL DIRECTOR'S SIGNATURE: W. H. Caldwell
27B. ADDRESS: Safford
28A. EMBALMER'S SIGNATURE: Dale Hartsted
28B. EMBALMER'S CERT. NO.: 368-A

FORM VS-2 REV. 3-15-55 [illegible] Ariz.