PUNCHED VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6347

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 30

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH — A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 39yrs — IN ARIZONA: 40yrs
C. CITY OR TOWN: Ajo — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Briggs Road

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) — A. STATE: Arizona — B. COUNTY: Pima
C. CITY OR TOWN: Ajo — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 14mi. So. of Ajo — E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John — B. (MIDDLE) C. — C. (LAST) Butala
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH — MONTH: 4 — DAY: 4 — YEAR: 1880
8. AGE (IN YEARS LAST BIRTHDAY): 81 — 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): Met. Machinest
9B. KIND OF BUSINESS OR INDUSTRY: Mining
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY):
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): Spanish American
13. SOCIAL SECURITY NO.:
14A. FATHER'S NAME:
14B. BIRTHPLACE (STATE OR COUNTRY):
15A. MOTHER'S MAIDEN NAME:
15B. BIRTHPLACE (STATE OR COUNTRY):
16. INFORMANT'S SIGNATURE: Carl Bigbey — ADDRESS: Ajo, Arizona
17. DATE OF DEATH — (MONTH) July (DAY) 1, (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) malnutrition — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) withdrawal from society & medical care — 20 yrs.
DUE TO (C) lived on Desert alone
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 26 1961 TO July 1 1961 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: Dorw W. Fuchs, M.D. — (DEGREE OR TITLE)
22B. ADDRESS: Ajo, Arizona
22C. DATE SIGNED: July 3-61

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): No
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): No
23C. (CITY OR TOWN) (COUNTY) (STATE): Ajo Pima Ariz.
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 7-1-61 2:15 P.M.
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: [illegible]
24B. ADDRESS: Ajo, Ariz.
24C. DATE SIGNED: 7-5-61

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 7-4-61
25C. NAME OF CEMETERY OR CREMATORY: Ajo Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Ajo, Ariz.
26A. DATE REC. BY LOCAL REG.: 7-03-61
26B. REGISTRAR'S SIGNATURE: T. Elizabeth Budnes, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: J.T. McCall
27B. ADDRESS: Ajo Ariz.
28A. EMBALMER'S SIGNATURE: J.T. McCall
28B. EMBALMER'S CERT. NO.: 250A

FORM VS-2 REV. 8-8-60 - 25M