ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. **11001**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 778

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY — IN THIS TOWN: 17 Yrs. IN ARIZONA: 17 Yrs.
C. CITY OR TOWN: Florence — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Valley Farms Road

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN: Coolidge — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 261 W. Lindberg
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) EDWARD B. (MIDDLE) McKINLEY C. (LAST) BEAVERS Jr.
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Harriet Beavers
7. DATE OF BIRTH — MONTH: Jan. DAY: 27 YEAR: 1931
8. AGE (IN YEARS LAST BIRTHDAY): 30
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): Serv. Station Att.
9B. KIND OF BUSINESS OR INDUSTRY: Standard Oil Co.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ark.
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: 538-26-2153
14A. FATHER'S NAME: Edward M. Beavers Sr.
14B. BIRTHPLACE (STATE OR COUNTRY):
15A. MOTHER'S MAIDEN NAME: Lillie Baker
15B. BIRTHPLACE (STATE OR COUNTRY): Ark.
16. INFORMANT'S SIGNATURE: Harriet J. Beavers ADDRESS: Coolidge
17. DATE OF DEATH (MONTH) December (DAY) 28, (YEAR) 1961

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) Fracture of Skull
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) car wreck
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND 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 19___ TO 19___ THAT I LAST SAW THE DECEASED ALIVE ON 19___ AND THAT DEATH OCCURRED AT 9:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): W Pluker M.D.
22B. ADDRESS: Phoenix Ariz
22C. DATE SIGNED: 1-8-62

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accidn
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Valley FARMS Road
23C. (CITY OR TOWN) Rural (COUNTY) Pinal (STATE) Ariz
23D. TIME OF INJURY (MONTH) 12 (DAY) 28 (YEAR) 61 (HOUR) 10 P M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Two Car Accident

24A. CORONER'S SIGNATURE: Lotti C. Dorne Coroner
24B. ADDRESS: Florence Arizona
24C. DATE SIGNED: 1-8-62

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 1-3-62
25C. NAME OF CEMETERY OR CREMATORY: Valley Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Coolidge, Arizona
26A. DATE REC. BY LOCAL REG.: 1-8-62
26B. REGISTRAR'S SIGNATURE: Ethel L. Eggers
27A. FUNERAL DIRECTOR'S SIGNATURE: Cole & Maud Mortuary
27B. ADDRESS: Coolidge, Arizona
28A. EMBALMER'S SIGNATURE: Lila G. Smith
28B. EMBALMER'S CERT. NO. 335

FORM VS-2 REV. 3-15-55 25M AMPCO 26492