2587

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 281
Registrar's No.

1. Place of Death: (a) County Maricopa (b) City or Town Wickenburg (If outside city limits also write RURAL) (c) Location Wickenburg Hospital Inc. (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 5 Hrs; In Community 5 Hrs (Specify whether years, months or days); In Arizona Tourist

2. Usual Residence of Deceased: (a) State New Mexico; (b) County Otero; (c) City or Town Alamogordo (If outside city limits also write RURAL)

(d) Street No.; (e) If foreign born, in U. S. A. yrs.

3. (a) FULL NAME Arvel L. Van Winkle (b) If veteran name war (c) Social Security No. 525-36-1500 (If NONE write the word) Not Known

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
Male	White	Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased Jan. (Month) 21 (Day) 1925 (Year)

8. AGE: Years	Months	Days	If less than one day
17			hrs. min.

9. Birthplace Weed New Mexico (City, town or county) (State or Country)

10. Usual Occupation Time Keeper

11. Industry or Business Construction Work

Father: 12. Name Charlie Mc Gee Van Winkle; 13. Birthplace Mc Cullam Co. Texas (City, town or county) (State or Country)

Mother: 14. Maiden Name Lou Lee Pammell; 15. Birthplace Moran Texas (City, town or county) (State or Country)

16. (a) Informant's own signature Mrs Lou Lee Van Winkle
(b) Address Alamogordo New Mexico

17. (a) Burial, Cremation or Removal Removal
(b) Place Alamogordo N. Mex. (c) Date 8/26/42 19

18. (a) Embalmer's Signature H L Coffinger
(b) Funeral Director H. L. Coffinger
(c) Address Wickenburg Arizona

19. (a) 8/25/42 (Date received local Registrar)
(b) Naomi M. Coffinger (Registrar's Signature)

20M 100% Rag 9/28/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 8/25/42, 19; TIME (Hour and minute) 9 55 A. M.

21. I hereby certify that I attended the deceased from 8/25/42, 19 to 8/25/42, 19; that I last saw him alive on 8/25/42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Skull fracture — DURATION 5 hrs

Due to Automobile accident

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) accident
(b) Date of occurrence 8/25/42
(c) Where did injury occur? Near Morristown (City or Town) Maricopa (County) Ariz (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 60 (Specify type of place)
While at work? (e) Means of injury Automobile accident

23. Signature Floyd B Bralliar M. D.
Address Wickenburg Date signed 8/26/42