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# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

**STANDARD CERTIFICATE OF DEATH**
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 25
Registrar's No.

1. Place of Death: (a) County Cochise (b) City or Town Benson - Rural (If outside city limits also write RURAL) (c) Location Apache Powder Company (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution ; In Community 31 years (Specify whether years, months or days) ; in Arizona 31 years

2. Usual Residence of Deceased: (a) State Arizona ; (b) County Cochise ; (c) City or Town Pomerene (If outside city limits also write RURAL)

(d) Street No. ; (e) Citizen of foreign country (yes or No) No
If Yes, which country

3. (a) FULL NAME CHESTER CECIL COONS (b) If Veteran name war (c) Social Security No. 526-05-7544

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

6. (b) Name of ~~husband~~ or wife Vendela Coons
6. (c) Age of husband or wife, if alive 30 yrs.

7. Birthdate of deceased April 30, 1911 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 31 | 9 | 12 | hrs. min. |

9. Birthplace Pomerene, Arizona (City, town or county) (State or Country)

10. Usual Occupation Gel Mix Foreman

11. Industry or Business Manufacture of High Explosives

Father
12. Name L.E.Coons
13. Birthplace Utah (City, town or county) (State or Country)

Mother
14. Maiden Name C.B.Plumb
15. Birthplace Utah (City, town or county) (State or Country)

16. (a) Informant's own signature Alfred Coons
(b) Address Lowell, Arizona

17. (a) Burial, Cremation or Removal Removal
(b) Place Pomerene (c) Date 2/13 19 43

18. (a) Embalmer's Signature J. C. Hubbard
(b) Funeral Director James Allison 57-A
(c) Address Bisbee, Arizona

19. (a) Feb. 13 - 1943 (Date received local Registrar)
(b) C. A. Kelly (Registrar's Signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 11, 19 43;
TIME (Hour and minute) 7:10 A.M.

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

Immediate cause of death Explosion in mix house, cause unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

**DURATION**

**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 February 11, 1943
(c) Where did injury occur? Benson (City or Town) Cochise (County) Arizona (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Apache Powder Plant, 9 Mi. So. of Benson (Specify type of place)
While at work? yes (e) Means of injury Explosion-Gel Mix House

23. Signature Harold W. Holcomb & Paul Ex Officio Coroner ~~M.D.~~
Address Benson Ariz Date signed Feb 11, 1943

20M 100% Rag 8-42 B. Co. County File No. Date Received