

545

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

545 X

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

25-8-

14 14 E OF DEATH AND L RESIDENCE 6	1. PLACE OF DEATH A. COUNTY Yavapai			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Yavapai		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN near Prescott, Ariz			C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) life		
	D. FULL NAME OF HOSPITAL OR INSTITUTION IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION: --			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) --		
	3. NAME OF DECEASED A. (FIRST) HOWARD B. (MIDDLE) DEAN C. (LAST) DICKIE			4. SEX Male		5. COLOR OR RACE White
CEDENT PERSONAL DATA 132 0 150	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH July DAY 25 YEAR '17		8. AGE YEARS 32 MONTHS 5 DAYS 16	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Machinist		9B. KIND OF BUSINESS OR INDUSTRY Mining		9C. CITIZEN OF WHAT COUNTRY? U. S.	
	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no		12. SOCIAL SECURITY NO.	
	13A. FATHER'S NAME Edmond Hale Dickie		13B. BIRTHPLACE (STATE OR COUNTRY) Iowa		13C. MOTHER'S MAIDEN NAME Clara Blanche Foltz	
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14D. BIRTHPLACE (STATE OR COUNTRY) Indiana		15. INFORMANT'S SIGNATURE Ernest R. Dickie		15B. BIRTHPLACE (STATE OR COUNTRY) Indiana		
16. INFORMANT'S ADDRESS Bagdad, Arizona		17. DATE OF DEATH (MONTH) January (DAY) 11 (YEAR) 1950		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Accidental Suffocation		
CAUSE OF DEATH TEM 18) 0 0 1	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH			
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Alcoholism		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Alcoholism		Interval between onset and death Immediate	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE Accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET OFFICE BLDG., ETC.) In Mine Tunnel		21C. (CITY OR TOWN) (COUNTY) (STATE) Bagdad, Yavapai, Arizona	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY Jan. 11, 1950 1:00 P.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? asleep - cigarette started mattress afire		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 11 19 50 TO --- 19 --- THAT I LAST SAW THE DECEASED ALIVE ON Dec 7 19 49 AND THAT DEATH OCCURRED AT 1:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
23A. SIGNATURE M. W. Phillips		23B. ADDRESS Prescott, Arizona		23C. DATE SIGNED 1/17/50		
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Jan. 14, 1950		24C. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery		
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Prescott, Arizona		25A. DATE REC'D BY LOCAL REG. Jan 18, 1950		25B. REGISTRAR'S SIGNATURE Lester Ruffner		
25C. FUNERAL DIRECTOR'S SIGNATURE Lester Ruffner		25D. ADDRESS Prescott, Ariz		25E. EMBALMER'S SIGNATURE Henry C. Hampton		
25F. CERT. NO. 308						