ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6379

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 118

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Glendale (Rural)
C. LENGTH OF STAY IN THIS PLACE: ---; IN ARIZONA: 5 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lot 27 & Glendale Ave

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Gilbert
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 2341

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Murray
B. (MIDDLE): Benford
C. (LAST): SIMPKINS

4. SEX: M.

5. COLOR OR RACE: W.

6. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED**

7. DATE OF BIRTH: MONTH 8, DAY 23, YEAR 27

8. AGE: YEARS 23, MONTHS 7, DAYS 19

IF UNDER 24 HOURS: HOURS ___, MIN. ___

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Employee, Post Exch.

9B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas

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): WW2

13. SOCIAL SECURITY NO. 9

14A. FATHER'S NAME: Jess Simpkins

14B. BIRTHPLACE (STATE OR COUNTRY): Texas

15A. MOTHER'S MAIDEN NAME: Connie Foster

15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: Jean Satterfield Simpkins
ADDRESS: Gilbert, Ariz.

17. DATE OF DEATH (MONTH) December (DAY) 12, (YEAR) 1950

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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) Third degree burns — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): accident

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway

21C. (CITY OR TOWN) (COUNTY) (STATE): Glendale Maricopa Ariz

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 12/12/50 11:20 AM

21E. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR? Car overturned & burned

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Did not see, 19___ TO alive, 19___. THAT I LAST SAW THE DECEASED ALIVE ON ___, 19___, AND THAT DEATH OCCURRED AT 11:20 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Arthur Webster Coroner

23B. ADDRESS: Tolleson, Ariz.

23C. DATE SIGNED: 12/15/50

24A. BURIAL [X] **CREMATION** [ ] **REMOVAL** [ ]

24B. DATE: 12-15-50

24C. NAME OF CEMETERY OR CREMATORY: Mesa cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Ariz.

25A. DATE REC'D BY LOCAL REG.: 12-18-50

25B. REGISTRAR'S SIGNATURE: A M Ehlert

26. FUNERAL DIRECTOR'S SIGNATURE: M. L. Gibbons Mortuary
ADDRESS: Mesa, Ariz.

27. EMBALMER'S SIGNATURE: Not Embalmed
CERT. NO.

FORM VS 2 REV. 3-50 15M