

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 746 314

CERTIFICATE OF DEATH

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BIRTH NO.		REGISTRAR'S NO.	
1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Phoenix</b>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>22yrs 39yrs</b>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>St. Monica Hospital</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>1813 E. Harvard</b>	
3. NAME OF DECEASED A. (FIRST) <b>Howard</b> B. (MIDDLE) <b>James</b> C. (LAST) <b>Billingsley</b>			4. SEX <b>Male</b>
5. COLOR OR RACE <b>White</b>			
6. MARRIED - - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH <b>Dec</b> DAY <b>29</b> YEAR <b>1913</b>	8. AGE YEARS <b>39</b> MONTHS <b>1</b> DAYS <b>4</b>
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Machinist &amp; welder</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>Yes WWI</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>Machine shop</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. SOCIAL SECURITY NO.		14. BIRTHPLACE (STATE OR COUNTRY) <b>Tennessee</b>	
14A. FATHER'S NAME <b>Joseph A. Billingsley</b>		15A. MOTHER'S MAIDEN NAME <b>Agnes Aiton</b>	
15B. BIRTHPLACE (STATE OR COUNTRY) <b>Texas</b>		16. INFORMANT'S SIGNATURE <b>Mr. Ronnie Billingsley</b>	
ADDRESS <b>Phoenix, Ariz.</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>February 3 1951</b>	
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. <input checked="" type="checkbox"/> PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Shock 2nd hemorrhage.</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>Injury from explosion</b> <b>Multiple injuries involving</b> <b>head and chest.</b> DUE TO (b) <b>Explosion</b> DUE TO (c) <b>Head and chest.</b> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
INTERVAL BETWEEN ONSET AND DEATH <b>Sub minutes</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT (SPECIFY) <b>accident</b>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>Valley Machine Works</b>	
21C. (CITY OR TOWN) (COUNTY) (STATE) <b>Phoenix Maricopa Ariz</b>		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>Feb. 3 1951 4:20 PM</b>	
21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Explosion occurring while welding</b>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Feb 3 1951</b> TO <b>Feb 3 1951</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>Feb 3 1951</b> AND THAT DEATH OCCURRED AT <b>4:20 PM</b> , FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <b>Joseph M. Greer</b>		23B. ADDRESS <b>Phoenix, Arizona</b>	
23C. DATE SIGNED <b>2-5-51</b>		24. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Ariz.</b>	
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>Feb 6, 1951</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>St. Francis Cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Ariz.</b>	
25A. DATE REC'D BY LOCAL REG. <b>2/5/51</b>		25B. REGISTRAR'S SIGNATURE <b>Bulah Johnson</b>	
25C. FUNERAL DIRECTOR'S SIGNATURE <b>A. Lee Moore</b>		ADDRESS <b>A. L. MOORE &amp; SON PHOENIX, ARIZ. NO. 326</b>	
25D. EMBALMER'S SIGNATURE <b>Gust L. Karen</b>		ADDRESS <b>326</b>	