

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4505

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 74

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Coconino</b>		2. USUAL RESIDENCE A. STATE <b>Arizona</b>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Winslow (Rural)</b>		B. COUNTY <b>Navajo</b>	
	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <b>Transient 3yrs</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Holbrook</b>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 66 1/2 Mi. West of Winslow</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	

DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) <b>Stan Allen Gibbons</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	
	6. MARRIED - - - - NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH   DAY   YEAR <b>10   31   1947</b>	8. AGE YEARS   MONTHS   DAYS <b>3   9   2</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>None</b>		
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Holbrook</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	13. SOCIAL SECURITY NO. <b>No</b>	
	14A. FATHER'S NAME <b>Rendol L. Gibbons</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>	15A. MOTHER'S MAIDEN NAME <b>Bobbie Louise Standifird</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>Oklahoma</b>		
	16. INFORMANT'S SIGNATURE <i>Genevieve Seatt Winslow Ariz</i>		17. DATE OF DEATH (MONTH)   (DAY)   (YEAR) <b>August 3, 1951</b>			

CAUSE OF DEATH (ITEM 18)	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		INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Multiple injuries</b>		<b>Instant</b>
		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>Auto accident</b>		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <b>Accident</b>	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>Highway 66</b>	21C. (CITY OR TOWN) (COUNTY) (STATE) <b>Coconino Ariz.</b>	
DEATH DUE TO EXTERNAL VIOLENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>August 3, 1951 p.m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Two car collision</b> ✓	

MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON _____ 19____ AND THAT DEATH OCCURRED AT <b>About 3PM</b> , _____ 19____ THAT I LAST SAW THE DECEASED FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE <i>Jack Newman</i> Coroner	23B. ADDRESS <b>Box 147, Winslow, Ariz</b>	23C. DATE SIGNED <b>8/3/51</b>
	24A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE <b>8/8/51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>?</b>

FUNERAL DIRECTOR AND REGISTRAR	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>St. Johns, Apache, Ariz.</b>
	25A. DATE REC'D BY LOCAL REG. <b>8-15-51</b>
25B. REGISTRAR'S SIGNATURE <i>Gertrude Schmidt</i>	
26. FUNERAL DIRECTOR'S SIGNATURE <i>J.P. Seach</i>	
27. EMBALMER'S SIGNATURE <i>J.P. Seach</i> #194	