

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1 TIME OF DEATH 3:48 AND 45 PLACE OF RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <i>Maricopa</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>any one</i> B. COUNTY <i>Maricopa</i>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Wickenburg</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) TOWN <i>Wickenburg</i>	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>4 days 13 1/2 hrs</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Gene St.</i>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION <i>Community Hospital</i>			

1 PRECEDENT PERSONAL DATA 166 4 X 51	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Thomas</i> B. (MIDDLE) <i>Henry</i> C. (LAST) <i>Vaughn</i>			4. SEX <i>male</i>	5. COLOR OR RACE <i>white</i>
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Jan</i> DAY <i>16</i> YEAR <i>1895</i>		8. AGE YEARS <i>66</i> MONTHS <i>10</i> DAYS <i>1</i>
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Gardener & Janitor High School</i>		12. WAS DECEASED EVER IN U. S. ARMY OR NAVAL SERVICE (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>NO</i>		13. SOCIAL SECURITY NUMBER <i>not available</i>
	9B. KIND OF BUSINESS OR INDUSTRY <i>Horticulture & Janitor</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Ohio</i>		11. CITIZEN OF WHAT COUNTRY? <i>USA</i>

585X CAUSE OF DEATH ITEM 18) 0	14A. FATHER'S NAME <i>George Vaughn</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Ohio</i>		15A. MOTHER'S MAIDEN NAME <i>Martha Andrews</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Ohio</i>	
	16. INFORMANT'S SIGNATURE <i>Martha Vaughn Washingtonville Ohio</i>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>11-17-51</i>			
	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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Embolus</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i>	
	19A. DATE OF OPERATION <i>11-14-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Enlarged Spleen, Enlarged Gall bladder</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

2 DEATH DUE TO INTERNAL VIOLENCE -	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>11-3-51</i> 19__ TO <i>11-17-51</i> 19__ THAT I LAST SAW THE DECEASED ALIVE ON <i>11-17-51</i> 19__ AND THAT DEATH OCCURRED <i>3:48 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					

1 MEDICAL CORONER'S CERTIFICATION	23A. SIGNATURE (DEGREE OR TITLE) <i>Harold B. Braselton M.D.</i>		23B. ADDRESS <i>Wickenburg, Arizona</i>		23C. DATE SIGNED <i>11-20-51</i>	
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37 FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>11-20-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Columbian, Ohio</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Wickenburg, Arizona</i>	
	25A. DATE REC'D BY LOCAL REG. <i>11-20-51</i>		25B. REGISTRAR'S SIGNATURE <i>Maurice Coffinger</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>H. L. Coffinger</i>		27. EMBALMER'S SIGNATURE <i>H. L. Coffinger</i>	

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