

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2 **6908**

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 70

4 OF DEATH AND RESIDENCE 0	1. PLACE OF DEATH A. COUNTY Gila				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE New York B. COUNTY			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Roosevelt (rural)			C. LENGTH OF STAY IN THIS PLACE (IN RURAL) -- --		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN West Point		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) 15 miles north of Roosevelt, Ariz.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) U. S. Military Academy			
EDENT PERSONAL DATA 123 7 151	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) HILMAR B. (MIDDLE) GEORGE C. (LAST) MANNING			4. SEX male		5. COLOR OR RACE white		
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR Nov 21 1928		8. AGE YEARS MONTHS DAYS 23 1 9		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Cadet-U.S. Military Academy	
	9B. KIND OF BUSINESS OR INDUSTRY U.S.C.C.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California		11. CITIZEN OF WHAT COUNTRY? U.S.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) yes	
	14A. FATHER'S NAME Brooks Manning			14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Eleanor Louise Eichorn		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
	16. INFORMANT'S SIGNATURE On Record, U.S. Military Academy, West Point, N.Y.				17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 30 1951			
CAUSE OF DEATH (EM 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 CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Injuries, multiple, extreme (with complete decapitation of skull at level of lower jaw and posterior evisceration of abdominal contents). 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	
	19A. DATE OF OPERATION -- --		19B. MAJOR FINDINGS OF OPERATION -- --				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH (EM 18)	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) Accident		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 15 miles north of Roosevelt, Ariz.		21C. (CITY OR TOWN) (COUNTY) (STATE) Roosevelt Gila Arizona			
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY December 30, 1951 3:40PM		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Aircraft accident			
MEDICAL DRONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I <u>viewed</u> THE DECEASED <u>at 10:30 A.M.</u> <u>Jan. 2,</u> 19 <u>52</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>never</u> 19 <u> </u> AND THAT DEATH OCCURRED AT <u>3:40PM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	23A. SIGNATURE Lewis B. Claypool, 1st Lt., USAF (MC)			23B. ADDRESS USAF Hospital Williams AF Base, Chandler, Ariz.		23C. DATE SIGNED 3 Jan 52		
GENERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE 1-6-52		24C. NAME OF CEMETERY OR CREMATORY Richmond, Calif.		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
	25A. DATE REC'D BY LOCAL REG. JAN 1 1952		25B. REGISTRAR'S SIGNATURE Alison D. Braxton		26. FUNERAL DIRECTOR'S SIGNATURE M. L. Gibbons Mortuary Mesa, Ariz.		27. EMBALMER'S SIGNATURE Raymond E. Clark	

595916