

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 62

OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>New York</b> B. COUNTY	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Roosevelt (rural)</b>		C. LENGTH OF STAY IN THIS PLACE (IN - - - - -)	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>15 miles north of Roosevelt, Ariz.</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>U. S. Military Academy</b>	
IDENT PERSONAL DATA	3. NAME OF DECEASED A. (FIRST) <b>MAURICE</b> B. (MIDDLE) <b>JOSEPH</b> C. (LAST) <b>MASTELOTTO</b>			4. SEX <b>male</b>
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			5. COLOR OR RACE <b>white</b>
	7. DATE OF BIRTH MONTH <b>Nov</b> DAY <b>23</b> YEAR <b>1931</b>		8. AGE YEARS <b>20</b> MONTHS <b>1</b> DAYS <b>8</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Cadet-U.S. Military Academy</b>
	9B. KIND OF BUSINESS OR INDUSTRY <b>U.S.C.C.</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>California</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>yes</b>
14A. FATHER'S NAME <b>Joe Mastelotto</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>	15A. MOTHER'S MAIDEN NAME <b>Marjorie Irene Hayes</b>	13. SOCIAL SECURITY NO. <b>Unknown</b>
16. INFORMANT'S SIGNATURE <b>On Record, U.S. Military Academy, West Point, N.Y.</b>			17. DATE OF DEATH (MONTH) <b>December</b> (DAY) <b>30</b> (YEAR) <b>1951</b>	

CAUSE OF DEATH (M 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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  DUE TO (b)	Injuries, multiple, extreme (with multiple compression fractures of chest; fracture of cheek bones bilateral; fracture of lower jaw; amputation lower mid third both legs)		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS, TUPSY	19A. DATE OF OPERATION - - - - -	19B. MAJOR FINDINGS OF OPERATION - - - - -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21A. ACCIDENT (SPECIFY) <b>Accident</b>	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>15 Miles north of Roosevelt, Ariz.</b>	21C. (CITY OR TOWN) (COUNTY) (STATE) <b>Roosevelt Gila Arizona</b>	
DATE OF INJURY	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) <b>December 30, 1951 3:40PM</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Aircraft accident</b>	

MEDICAL OFFICER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I <b>viewed</b> THE DECEASED <b>at 10:30 A.M.</b> <b>Jan. 2,</b> <b>52</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>never</b> <b>19</b> AND THAT DEATH OCCURRED <b>3:40PM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23. SIGNATURE <b>Lewis B. Claypool, 1st Lt., USAF (MC)</b>		23B. ADDRESS <b>USAF Hospital Williams AF Base, Chandler, Ariz.</b>	
	23C. DATE SIGNED <b>5 Jan 52</b>			

GENERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE <b>1/6/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>U. S. Military Academy</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>West Point N. Y</b>
	25A. DATE REC'D BY LOCAL REG. <b>2-1-52</b>	25B. REGISTRAR'S SIGNATURE <b>Alison D. Clayton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. L. Gibbons Mortuary Mesa</b>	
	27. EMBALMER'S SIGNATURE <b>Raymond E. Clark</b>		CERT. NO. <b>275R</b>	

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