

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6910

CERTIFICATE OF DEATH

REGISTRAR'S NO. 77

BIRTH NO.

74 63
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. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Roosevelt (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	

IDENT
SONAL
ATA 120
7
V51

3. NAME OF DECEASED A. (FIRST) GUY			B. (MIDDLE) LEWIS			C. (LAST) McNEIL Jr.			4. SEX male	5. COLOR OR RACE white	
6. MARRIED - - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH DAY YEAR Jul 9 1931			8. AGE YEARS MONTHS DAYS 20 5 21			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.A.C.			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Alabama			11. CITIZEN OF WHAT COUNTRY? U.S.A.			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) yes		
13. SOCIAL SECURITY NO. Unknown			14A. FATHER'S NAME Col. Guy L. McNeil			14B. BIRTHPLACE (STATE OR COUNTRY) Unknown			15A. MOTHER'S MAIDEN NAME Claire Merz		
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
(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.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* MEDICAL CERTIFICATION (a) <u>Injuries, multiple, extreme (with partial decapitation level of upper jaw; multiple compression fractures of thorax; complete evisceration of abdomen)</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

OPERATIONS,
TOPSY
DEATH
DUE TO
FATAL
INJURY

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) 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) Roosevelt	(COUNTY) (STATE) 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
OFFICER'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>52</u> AND THAT DEATH OCCURRED AT <u>3:40PM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE <u>Lewis B. Claypool</u> LEWIS B. CLAYPOOL 1st Lt, USAF (MC)	(DEGREE OR TITLE)	23B. ADDRESS USAF Hospital Williams AFB, Chandler, Ariz.
		23C. DATE SIGNED 5 Jan 52

GENERAL
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	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Francisco, Calif.
25A. DATE REC'D BY LOCAL REG. JAN 1 1952	25B. REGISTRAR'S SIGNATURE <u>Raymond D. Brayton</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond E. Clark</u>	27. ADDRESS M. L. Gibbons Mortuary Mesa, Ariz. CERT. NO. 275R

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