

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6911

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 69

4 OF DEATH IND RESIDENCE 6	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></b>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <b>Roosevelt (rural)</b>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA - - -			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION <b>15 miles north of Roosevelt, Ariz.</b>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>U. S. Military Academy</b>		
IDENT 2 SONAL ATA 123 7 V 51	3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) <b>WILLIAM</b> B. (MIDDLE) <b>EVERETT</b> C. (LAST) <b>MELANCON</b>			4. SEX <b>male</b>	5. COLOR OR RACE <b>white</b>	
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR <b>Oct 2 1928</b>		8. AGE YEARS MONTHS DAYS <b>23 2 28</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>Ohio</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>yes</b>	13. SOCIAL SECURITY NO. <b>Unknown</b>	
	14A. FATHER'S NAME <b>William E. Melancon</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>	15A. MOTHER'S MAIDEN NAME <b>Dorothy Grace Simmons</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>
	16. INFORMANT'S SIGNATURE <b>On Record U.S. Military Academy, West Point, N.Y.</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>December 30 1951</b>		
AUSE 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, ASTHENIA, 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) <b>Injuries, multiple, extreme (with partial decapitation and compound fractures of skull)</b> INTERVAL BETWEEN ONSET AND DEATH <b>DOE TO</b>		
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
	19A. DATE OF OPERATION - - -			19B. MAJOR FINDINGS OF OPERATION - - -		
EATH IE TO ERNAL LENCE	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>15 miles north of Roosevelt, Ariz. Roosevelt Gila Arizona</b>		21C. (CITY OR TOWN) (COUNTY) (STATE) <b>Roosevelt Gila Arizona</b>	
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>December 30, 1951 3:40PM</b>		21E. INJURY OCCURRED WHILE AT NOT WHILE WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Aircraft accident</b>		
DICAL IRONER'S ICATION	22. I HEREBY CERTIFY THAT I <b>viewed</b> THE DECEASED <b>at 10:30 A.M.</b> <b>Jan. 2</b> 19 <b>52</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>never</b> 19 <b></b> AND THAT DEATH OCCURRED AT <b>3:40PM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			23. SIGNATURE (DEGREE OR TITLE) <b>Lewis B. Claypool, 1st Lt., USAF (MC)</b>		
	23A. ADDRESS <b>USAF Hospital</b>		23B. ADDRESS <b>Williams AF Base, Chandler, Ariz.</b>		23C. DATE SIGNED <b>3 Jan 52</b>	
GENERAL ECTOR IND ISTRAR	24A. BURIAL <input type="checkbox"/> CREMATION REMOVAL <input checked="" type="checkbox"/>	24B. DATE <b>1-6-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>San Francisco, Calif.</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Mesa, Ariz.</b>	
	25A. DATE REC'D BY LOCAL REG. <b>JAN 11 1952</b>	25B. REGISTRAR'S SIGNATURE <b>Nesca D. Brayton</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>M. L. Gibbons Mortuary</b>		
			27. EMBALMER'S SIGNATURE <b>Raymond E. Clark</b>			

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