

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

691A-
78 (2)

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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) OR TOWN Roosevelt (rural)		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) -- -- --	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION 15 miles north of Roosevelt, Ariz.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) U. S. Military Academy	

EDENT SONAL ATA 122 7 V51 866	3. NAME OF DECEASED (TYPE OR PRINT) WILLIAM NELSON PEDRICK			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 Jan 11 1929		
	8. AGE YEARS MONTHS DAYS 22 11 19		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) Cadet - U.S. Military Academy		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) yes	
	9B. KIND OF BUSINESS OR INDUSTRY U.S.C.C.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Dorothy A. Dillard		
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Injuries, multiple, extreme (with partial decapitation level of nose; multiple compression fractures of thorax; complete evisceration of abdomen)		INTERVAL BETWEEN ONSET AND DEATH
			11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
			DUE TO (c)		

OPERATIONS, TOPSY	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) (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 CORNER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I viewed THE DECEASED at 10:30 A.M. Jan. 2, 19 52 THAT I LAST SAW THE DECEASED ALIVE ON never 19 52 AND THAT DEATH OCCURRED AT 3:40PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE Lewis B. Claypool LEWIS B. CLAYPOOL, 1st Lt, USAF (MC)	23B. ADDRESS USAF Hospital Williams AF Base, Chandler, Ariz.	23C. DATE SIGNED 5 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 11 1952	25B. REGISTRAR'S SIGNATURE William D. Proctor	26. FUNERAL DIRECTOR'S SIGNATURE M. L. Gibbons Mortuary	27. EMBALMER'S SIGNATURE Raymond E. Clark