

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6919

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 68

24 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 HOSPITAL OR INSTITUTION) 15 miles north of Roosevelt, Ariz.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) U. S. Military Academy	

1 IDENT PERSONAL DATA 7 V51	3. NAME OF DECEASED (TYPE OR PRINT) RONALD EDWARD ROUNDS			4. SEX male	5. COLOR OR RACE white	
	6. MARRIED (TYPE OR PRINT) NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH DAY YEAR Apr 8 1930		
	8. AGE YEARS MONTHS DAYS 21 8 22		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.G.		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		13. SOCIAL SECURITY NO. Unknown				
14A. FATHER'S NAME Ronald Rounds		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Alice Isabella Frame		
15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		16. INFORMANT'S SIGNATURE ADDRESS On Record, U.S. Military Academy, West Point, N.Y.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 30 1951		

8667 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 CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Injuries, multiple, extreme (with compound depressed skull fracture and compression fracture of thorax)		INTERVAL BETWEEN ONSET AND DEATH
			II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.)		
			DUE TO (c)		

OPERATIONS, AUTOPSY DEATH DUE TO FORMAL PRESENCE	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 3:40 PM		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 DIRECTOR'S CERTIFICATION	22. I HEREBY CERTIFY THAT I HAVE VIEWED THE DECEASED AT 10:30 AM ON Jan 2, 1952 THAT I LAST SAW THE DECEASED ALIVE ON never 19 AND THAT DEATH OCCURRED AT 3:40 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE (DEGREE OR TITLE) Lewis B. Claypool, 1st Lt, USAF (MC)		23B. ADDRESS USAF Hospital Williams AF Base, Chandler, Ariz.		23C. DATE SIGNED 4 Jan 52

FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL CREMATION REMOVAL <input type="checkbox"/> <input checked="" type="checkbox"/>	24B. DATE 1-6-52	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Delano, California
	25A. DATE REC'D BY LOCAL REG. JAN 11 1952	25B. REGISTRAR'S SIGNATURE Raymond D. Clayton		26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. L. Gibbons Mortuary Mesa, Ariz
		27. EMBALMER'S SIGNATURE Raymond E. Clark		CERT. NO. 275R

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