ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3138

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1198

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 5 yrs. IN ARIZONA: 5 yrs.
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): DOA Southside Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (OR RURAL, GIVE LOCATION): Southern Ave. & Alma Sch. R R.D.3 Box 773

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Clarence B. (MIDDLE) - C. (LAST) WOLFSWINKEL

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

7. DATE OF BIRTH: MONTH Aug. DAY 5 YEAR 1906

8. AGE (IN YEARS LAST BIRTHDAY): 46 — IF UNDER 1 YEAR: MONTHS 9, DAYS 5 — IF UNDER 24 HRS.: HOURS -, MIN. -

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Chinchilla Farmer

9B. KIND OF BUSINESS OR INDUSTRY: Chinchilla

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa

11. CITIZEN OF WHAT COUNTRY?: USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No — (IF YES, WAR OR DATES OF SERVICE): --

13. SOCIAL SECURITY NO.:

14A. FATHER'S NAME: Albert Wolfswinkel

14B. BIRTHPLACE (STATE OR COUNTRY): Holland

15A. MOTHER'S MAIDEN NAME: Jennie Bartels

15B. BIRTHPLACE (STATE OR COUNTRY): Holland

16. INFORMANT'S SIGNATURE — ADDRESS: Mrs. Hattie Wolfswinkel Mesa, Arizona

17. DATE OF DEATH: (MONTH) May (DAY) 10, (YEAR) 1953

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 8104

+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) Multiple Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) _____
DUE TO (C) _____

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:

20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): Accident

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Public Highway

21C. (CITY OR TOWN) (COUNTY) (STATE): Mesa Maricopa, Arizona

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 5/10/53 abt 9:45P.M.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21F. HOW DID INJURY OCCUR? Auto-Train Accident

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Did Not See Alive. TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT abt 9:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE — DEGREE OR TITLE: Jack Kennedy — Justice of Peace & Ex-Officio Coroner.

23B. ADDRESS: Mesa, Arizona

23C. DATE SIGNED: 5/13/53

24A. BURIAL [ ] CREMATION [ ] REMOVAL [X]

24B. DATE: 5/14/53

24C. NAME OF CEMETERY OR CREMATORY: Hope Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Hull, Iowa

25A. DATE REC'D BY LOCAL REG.: May 13, 1953

25B. REGISTRAR'S SIGNATURE: Donald J. Meldrum, Dep.

26. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: M. L. GIBBONS MORTUARY MESA, ARIZONA

27. EMBALMER'S SIGNATURE — CERT. NO.: 211

FORM VS 2 REV. 4-15-52

DECEDENT PERSONAL DATA 146

CAUSE OF DEATH (ITEM 18) 0 0

OPERATIONS, AUTOPSY 9

DEATH DUE TO EXTERNAL VIOLENCE 24 27 8 3

MEDICAL OR CORONER'S CERTIFICATION 5

FUNERAL DIRECTOR AND REGISTRAR 33 2 105