

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4179

CERTIFICATE OF DEATH

BIRTH NO. 4 54		BIRTH PLACE Pinal Co, Gila		BIRTH DATE Oct 8 1928		BIRTH TIME 12:20 PM		BIRTH LOCATION Viewed	
PLACE OF DEATH A. COUNTY Pinal		LENGTH OF STAY IN THIS TOWN 4 mos.		AGE 24		CITIZENSHIP U.S.A.		DECEASED FLOYD HUNTER REEDED	
CITY OR TOWN Miami		CITY OR TOWN Miami		CITY OR TOWN Miami		CITY OR TOWN Miami		CITY OR TOWN Miami	
FULL NAME OF HOSPITAL OR INSTITUTION MOUNTAIN, 8 MI. WEST OF GLOBE, ARIZ.		FULL NAME OF HOSPITAL OR INSTITUTION MOUNTAIN, 8 MI. WEST OF GLOBE, ARIZ.		FULL NAME OF HOSPITAL OR INSTITUTION MOUNTAIN, 8 MI. WEST OF GLOBE, ARIZ.		FULL NAME OF HOSPITAL OR INSTITUTION MOUNTAIN, 8 MI. WEST OF GLOBE, ARIZ.		FULL NAME OF HOSPITAL OR INSTITUTION MOUNTAIN, 8 MI. WEST OF GLOBE, ARIZ.	
NAME OF DECEASED FLOYD HUNTER REEDED		AGE 24		CITIZENSHIP U.S.A.		CITIZENSHIP U.S.A.		CITIZENSHIP U.S.A.	
MARRIED, NEVER MARRIED, DIVORCED (SPECIFY) Never married		DATE OF BIRTH Oct 8 1928		CITIZENSHIP U.S.A.		CITIZENSHIP U.S.A.		CITIZENSHIP U.S.A.	
KIND OF BUSINESS OR INDUSTRY U.S.A.F.		BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mississippi		CITIZENSHIP U.S.A.		CITIZENSHIP U.S.A.		CITIZENSHIP U.S.A.	
FATHER'S NAME Unknown		BIRTHPLACE (STATE OR FOREIGN COUNTRY) Unknown		CITIZENSHIP U.S.A.		CITIZENSHIP U.S.A.		CITIZENSHIP U.S.A.	
INFORMANT'S SIGNATURE On Record, Williams AFB, Chandler, Arizona		ADDRESS Chandler, Arizona		CITY OR TOWN Chandler		COUNTY Pinal		STATE Arizona	
CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (C) Sleep		DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Injuries, multiple, extreme (complete disintegration of body with only approximately 5 lbs. pounds of body tissue recoverable)		MEDICAL CERTIFICATION DUE TO (C) DUE TO (C)		MEDICAL CERTIFICATION DUE TO (C) DUE TO (C)		MEDICAL CERTIFICATION DUE TO (C) DUE TO (C)	
OPERATIONS, AUTOPSY		DATE OF OPERATION July 16, 1953		MAJOR FINDINGS OF OPERATION Aircraft accident		MAJOR FINDINGS OF OPERATION Aircraft accident		MAJOR FINDINGS OF OPERATION Aircraft accident	
DEATH DUE TO EXTERNAL VIOLENCE		ACCIDENT SUICIDE HOMICIDE Accident		PLACE OF INJURY (E. G., FARM, FACTORY, STREET, OFFICE, PUBLIC PLACE, ETC.) Mountain, 8 Mi. West of Globe, Ariz.		PLACE OF INJURY (E. G., FARM, FACTORY, STREET, OFFICE, PUBLIC PLACE, ETC.) Mountain, 8 Mi. West of Globe, Ariz.		PLACE OF INJURY (E. G., FARM, FACTORY, STREET, OFFICE, PUBLIC PLACE, ETC.) Mountain, 8 Mi. West of Globe, Ariz.	
MEDICAL CORONER'S CERTIFICATION		I HEREBY CERTIFY THAT THE DECEASED WAS ALIVE ON May 14 1953 AND THAT DEATH OCCURRED AT 12:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		SIGNATURE OF CORONER Victor M. Ohta, Capt, USAF (MC)		SIGNATURE OF CORONER Victor M. Ohta, Capt, USAF (MC)		SIGNATURE OF CORONER Victor M. Ohta, Capt, USAF (MC)	
FUNERAL DIRECTOR AND REGISTAR		DATE 7/19/53		NAME OF CEMETERY OR CREMATORY Unknown		NAME OF CEMETERY OR CREMATORY Unknown		NAME OF CEMETERY OR CREMATORY Unknown	
SIGNATURE OF FUNERAL DIRECTOR		SIGNATURE OF REGISTRAR		SIGNATURE OF REGISTRAR		SIGNATURE OF REGISTRAR		SIGNATURE OF REGISTRAR	
ADDRESS M.L. GIBBONS MORTUARY, MESA, ARIZONA		ADDRESS Williams AFB, Chandler, Ariz.		ADDRESS Williams AFB, Chandler, Ariz.		ADDRESS Williams AFB, Chandler, Ariz.		ADDRESS Williams AFB, Chandler, Ariz.	