

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5465

CERTIFICATE OF DEATH

BIRTH NO.		REGISTRAR'S NO.	
1. PLACE OF DEATH A. COUNTY Gila		(WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona, B. COUNTY Gila	
C. CITY OR TOWN Globe		C. CITY OR TOWN Miami	
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		D. STREET ADDRESS NO Number Off Oak St. Claypool	
3. NAME OF DECEASED (TYPE OR PRINT) Earl Howard		4. SEX Male	
5. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) Married		5. COLOR OR RACE White	
7. DATE OF BIRTH MONTH DAY YEAR Apr. 6 1929		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Truck Driver	
9B. KIND OF BUSINESS OR INDUSTRY Copper Mine		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes Korean	
14A. FATHER'S NAME Claud Robertson		13. SOCIAL SECURITY NO. 449-40-9538	
16. INFORMANT'S SIGNATURE Clayton Robertson		15A. MOTHER'S MAIDEN NAME Hallie Plumway	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE OR (A) OR (B). (C) 9-12-53 *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEAVY FAILURE, ASTHENA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Gunshot wound (Head) ANTECEDENT CAUSES MORBID CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C)		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Sept. 5, 1953	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT SUICIDE HOMICIDE Accident		21B. PLACE OF INJURY I.E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Near Roosevelt Lake	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) Sept 5-53 8:30 P		21E. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? <input type="checkbox"/> AT WORK? <input checked="" type="checkbox"/>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-5-1953 TO 9-5-1953. THAT I LAST SAW THE DECEASED ALIVE ON 9-5-1953 AND THAT DEATH OCCURRED AT 10:30 P		21F. HOW DID INJURY OCCUR? Taking a gun from gun club.	
23A. SIGNATURE John C. Robertson		23B. ADDRESS (DEGREE OR TITLE) CORONER MIAMI GRIZ	
24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24C. NAME OF CEMETERY OR CREMATORY CORONER MIAMI GRIZ	
25A. DATE REC'D LOCAL REG. 9-12-53		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) MIAMI GRIZ	
25B. REGISTRAR'S SIGNATURE Drew Hamblee		26. FUNERAL DIRECTOR'S SIGNATURE Safford-Griz	
25C. DATE SIGNED 9-8-53		27. EMBALMER'S SIGNATURE S. J. Hamblee	
25D. REGISTRAR'S SIGNATURE 9-12-53		CERT. NO. 27408	