ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7976

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 144

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY — IN THIS TOWN: Unknown — IN ARIZONA:
C. CITY OR TOWN: Stanfield — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): DeCramer Ranch

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Unknown
B. COUNTY: Unknown
C. CITY OR TOWN: Unknown — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Unknown

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Unidentified B. (MIDDLE) Negro C. (LAST) Man
4. SEX: Male
5. COLOR OR RACE: Negro
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Unknown
6B. NAME OF SPOUSE: Unknown
7. DATE OF BIRTH — MONTH: Unknown DAY: YEAR:
8. AGE (IN YEARS LAST BIRTHDAY): Approx. 30 years — IF UNDER 1 YEAR: MONTHS: DAYS: IF UNDER 24 HRS.: HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Unknown
9B. KIND OF BUSINESS OR INDUSTRY: Unknown
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Unknown
11. CITIZEN OF WHAT COUNTRY?: Unknown
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Unknown (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: None — ADDRESS:
17. DATE OF DEATH (MONTH) (DAY) (YEAR): Nov. 21, 1953

CAUSE OF DEATH (ITEM 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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Gunshot wound left thigh with hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 min.
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.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: 11/21/53
19B. MAJOR FINDINGS OF OPERATION: Ruptured left femoral artery
20. AUTOPSY? YES ☑ NO ☐

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: James [illegible] (DEGREE OR TITLE): MD
22B. ADDRESS: Casa Grande
22C. DATE SIGNED: 11-21-53

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Inquest held 12/14/53 Inquest still pending
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: [illegible]
24B. ADDRESS:
24C. DATE SIGNED: 12-10 1953

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☑ CREMATION ☐ REMOVAL ☐
25B. DATE: Dec. 15, 1953
25C. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Casa Grande, Arizona
26A. DATE REC. BY LOCAL REG.: 12-18-53
26B. REGISTRAR'S SIGNATURE: Gertrude J Hages
27A. FUNERAL DIRECTOR'S SIGNATURE: Cole & Maud Mortuary
27B. ADDRESS: Casa Grande, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 70385