

CERTIFICATE OF DEATH

REGISTRAR'S NO.

128.

BIRTH NO.

041 17
CE OF DEATH
8 AND 29
AL RESIDENCE
X-

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 3 1/2 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF IN INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Maricopa	
C. CITY OR TOWN Roosevelt		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION 2 miles West Roosevelt Dam				D. STREET ADDRESS 2941 E. Osborn St.			

DECEDENT
PERSONAL DATA
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3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Donald			B. (MIDDLE) George			C. (LAST) Miller			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
6B. NAME OF SPOUSE Darlene Miller			7. DATE OF BIRTH MONTH DAY YEAR Sept 20 1922			8. AGE (IN YEARS LAST BIRTHDAY) 31			IF UNDER 1 YEAR MONTHS DAYS 3 14	IF UNDER 24 HRS. HOURS MIN. X X X X	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Sales Manager	
9B. KIND OF BUSINESS OR INDUSTRY Aviation		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Idaho		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes World War 2		13. SOCIAL SECURITY NO. 519-12-3914		15B. BIRTHPLACE (STATE OR COUNTRY) Iowa		
14A. FATHER'S NAME Fred Miller			14B. BIRTHPLACE (STATE OR COUNTRY) Nebraska			15A. MOTHER'S MAIDEN NAME Beulah Nickle						
16. INFORMANT'S SIGNATURE Darlene Miller						ADDRESS 2941 E. Osborn St.			17. DATE OF DEATH (MONTH) (DAY) (YEAR) Jan. 4 1954			

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CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 566 X ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) <u>Drowning</u>				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>probably few minutes</u>	
		2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Severe Contusions & lacerations face and head (airplane accident)</u>						DUE TO (C)	
		11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.							

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION <u>none</u>		19B. MAJOR FINDINGS OF OPERATION —				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <u>Accident</u>		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>2 miles west of Roosevelt Dam</u>		21C. (CITY OR TOWN) (COUNTY) (STATE) <u>Roosevelt Gila Ariz</u>	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>Jan. 4 1954 2 P.M</u>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>airplane crash</u>	

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-4-54 TO 1-8-54, 1954 THAT I LAST SAW THE DECEASED ALIVE ON 1-8-54, AND THAT DEATH OCCURRED AT 2 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <u>T.C. Harper, M.D.</u>		23B. ADDRESS <u>Globe, Ariz.</u>		23C. DATE SIGNED <u>1-8-54</u>	
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FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE <u>Jan 6, 1954</u>		24C. NAME OF CEMETERY <u>Memory Lawn Memorial Park</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona</u>	
25A. DATE REC'D BY LOCAL REG. <u>1-9-54</u>		25B. REGISTRAR'S SIGNATURE <u>Gene Hauwlee</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse James Walker</u>		ADDRESS <u>Globe, Arizona</u>	
				27. EMBALMER'S SIGNATURE <u>Jesse James Walker</u>		CERT. No. <u>#323</u>	