

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 5

OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>6 yrs 42 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz</u> B. COUNTY <u>Gila</u>		
	C. CITY OR TOWN <u>Winkelman</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Winkelman</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Second ST</u>		
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>John</u> B. (MIDDLE) <u>R.</u> C. (LAST) <u>Masterson</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u>	
	6B. NAME OF SPOUSE <u>Ruby A. Akin</u>		7. DATE OF BIRTH MONTH <u>12</u> DAY <u>17</u> YEAR <u>1874</u>	B. AGE IN YEARS LAST BIRTHDAY <u>82</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOUR _____ MIN. _____	6A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Watchman</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Indian Territory</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>		13. SOCIAL SECURITY NO. <u>526-01-1823</u>
	14A. FATHER'S NAME <u>unknown</u>		14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME <u>Ruby A. Akin unknown</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Virginia</u>
	16. INFORMANT'S SIGNATURE <u>James K. Hazel</u>				ADDRESS <u>Hayden, Ariz</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Aug 15 1954</u>
CAUSE OF DEATH (EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). <u>MI</u> ‡ THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ (A) <u>Infarction of Myocardium</u> DUE TO (B) <u>Arterio-sclerotic coronary thrombosis</u> DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Enteritis, cause unknown</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>2 weeks</u> <u>2 days</u>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>29 July, 1954</u> , TO <u>15 Aug, 1954</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>15 Aug 1954</u> , AND THAT DEATH OCCURRED AT <u>6:30 P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <u>James K. Hazel</u>		(DEGREE OR TITLE) <u>James K. Hazel, M.D.</u>		22B. ADDRESS <u>Hayden, Arizona</u>		22C. DATE SIGNED <u>16 Aug 54</u>
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
CORONER'S CERTIFICATION	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE <u>Aug 18 - 1954</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Mountain View</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Gila</u>
	26A. DATE REC. BY LOCAL REG. <u>8-16-1954</u>		26B. REGISTRAR'S SIGNATURE <u>John J. K...</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Byron N. S...</u>		27B. ADDRESS <u>Hayden Ariz.</u>