

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

4 04  
OF DEATH  
AND 48  
L RESIDENCE  
0201

6867  
225

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>life</u> IN ARIZONA <u>life</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Winkelman</u> <input checked="" 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) <u>Gila General Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>General Delivery</u>	

PRECEDENT 2  
PERSONAL DATA 301

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Inf. John Lonnie</u> B. (MIDDLE) <u>Parker</u> C. (LAST) <u>2nd twin</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (SPECIFY) <u>never married</u>	
6B. NAME OF SPOUSE <u>none</u>		7. DATE OF BIRTH MONTH <u>Dec</u> DAY <u>7</u> YEAR <u>1954</u>	B. AGE (IN YEARS LAST BIRTHDAY) <u>0</u>	IF UNDER 1 YEAR MONTHS <u>0</u> DAYS <u>1</u>	IF UNDER 24 HRS. HOURS <u>9</u> MIN. <u>32</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>infant</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>infant</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Globe, Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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>none</u>	
14A. FATHER'S NAME <u>William Forrest Parker</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Tenn.</u>	15A. MOTHER'S MAIDEN NAME <u>Mary B.</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	
16. INFORMANT'S SIGNATURE <u>William F. Parker Winkelman Arizona</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Dec 8, 1954 at 5:35 p.m.</u>			

CAUSE OF DEATH (TEM 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ <u>(A) Prematurity (7 months)</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-7, 1954, TO 12-8, 1954, THAT I LAST SAW THE DECEASED ALIVE ON 12-8, 1954, AND THAT DEATH OCCURRED AT 5:35 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

DEATH DUE TO EXTERNAL VIOLENCE

22A. SIGNATURE (DEGREE OR TITLE) <u>Alexander J. Bossal, M.D.</u>	22B. ADDRESS <u>Globe</u>	22C. DATE SIGNED <u>12-9-54</u>
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
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?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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GENERAL DIRECTOR AND REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>Dec 11-1954</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe Arizona</u>
26A. DATE REC. BY LOCAL REG. <u>12-11-54</u>	26B. REGISTRAR'S SIGNATURE <u>Frederic Hauser</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse James Yacker</u>	27B. ADDRESS <u>Globe Arizona</u>