ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6876

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 78

1. PLACE OF DEATH — COUNTY: Graham
B. LENGTH OF STAY — IN THIS TOWN: 8 days; IN ARIZONA: 77 yrs
C. CITY OR TOWN: Safford — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Safford Sun Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Graham
C. CITY OR TOWN: Pima — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2 Blocks S.W. of P.O.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John B. (MIDDLE) William C. (LAST) Manghum, Jr.
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: Sept. DAY: 28 YEAR: 1873
8. AGE (IN YEARS LAST BIRTHDAY): 81 — 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): welder
9B. KIND OF BUSINESS OR INDUSTRY: Welding
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: John William Manghum, Sr.
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Eliza Olive Hamblin
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Ethel B. Cole — ADDRESS: Pima, Ariz.
17. DATE OF DEATH (MONTH) December (DAY) 25, (YEAR) 1954

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Acute pyloric obstruction with hemorrhage — 4-5 wks
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-17, 1954, TO 12-25, 1954, THAT I LAST SAW THE DECEASED ALIVE ON 12-25, 1954, AND THAT DEATH OCCURRED AT 9:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: M. T. Sanders (DEGREE OR TITLE) MD
22B. ADDRESS: Safford, Ariz.
22C. DATE SIGNED: 12-28-54

DEATH DUE TO EXTERNAL VIOLENCE
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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 12-29-54
25C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima Ariz.
26A. DATE REC. BY LOCAL REG.: Dec 31 1954
26B. REGISTRAR'S SIGNATURE: J. Shelton M.D. Deputy Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: W. J. Caldwell
27B. ADDRESS: Safford Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 70386

5 05 E OF DEATH 3 AND 31 L RESIDENCE 04 07 — 1 — ECEDENT 3 ERSONAL DATA 18 — 4 — 154 — CAUSE OF DEATH (ITEM 18) 6 6 — ERATIONS, UTOPSY 7 — MEDICAL TIFICATION 7 — DEATH DUE TO EXTERNAL VIOLENCE — ORONER'S TIFICATION — UNERAL 25 IRECTOR AND 2 GISTRAR 177