(2)

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 90

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1

1. PLACE OF DEATH A. COUNTY: Greenlee	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE: Ariz B. COUNTY: Greenlee
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Morenci C. LENGTH OF STAY IN THIS PLACE: 50 yrs; IN ARIZONA: 50 yrs	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Morenci
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): P D Hosp	D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Carmelo B. (MIDDLE) C. C. (LAST) Naccarate	4. SEX: M	5. COLOR OR RACE: White		
6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	7. DATE OF BIRTH: MONTH Jan DAY 78 YEAR 1893	8. AGE: YEARS 58 MONTHS 11 DAYS 14	IF UNDER 24 HOURS: HOURS — MIN. —	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Service Gas Sta Prop
9B. KIND OF BUSINESS OR INDUSTRY: Oil & Gas	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Italy	11. CITIZEN OF WHAT COUNTRY? US	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes (IF YES, WAR OR DATES OF SERVICE) WW I	13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Frank Naccarate	14B. BIRTHPLACE (STATE OR COUNTRY): Italy	15A. MOTHER'S MAIDEN NAME: Francis Caurso	15B. BIRTHPLACE (STATE OR COUNTRY): Italy	
16. INFORMANT'S SIGNATURE: Frank Naccarate	ADDRESS: Morenci Ariz	17. DATE OF DEATH (MONTH) Jan (DAY) 12 (YEAR) 1952		

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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) Failing myocardium with edema — 2 yrs.

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	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M	21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 1951 TO Jan 12 1952 THAT I LAST SAW THE DECEASED ALIVE ON Jan 12 1952 AND THAT DEATH OCCURRED AT 3P M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Carl H Jans M.D.	23B. ADDRESS: Morenci Ariz.	23C. DATE SIGNED: 1-12-52	
24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐	24B. DATE: Jan 14, 1952	24C. NAME OF CEMETERY OR CREMATORY: Fraternal	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Morenci Ariz
25A. DATE REC'D BY LOCAL REG.: JAN 16 1952	25B. REGISTRAR'S SIGNATURE: Guy Strickland	26. FUNERAL DIRECTOR'S SIGNATURE: J J McMillen	ADDRESS: Clifton Ariz
		27. EMBALMER'S SIGNATURE: J J McMillen	CERT. NO. 166A

FORM VS 2 REV. 8-50 20M