ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2698

# CERTIFICATE OF DEATH

BIRTH NO. | REGISTRAR'S NO.

**1. PLACE OF DEATH**
A. COUNTY: Apache
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Rural
C. LENGTH OF STAY IN THIS PLACE: 21 Yrs; IN ARIZONA: 21 Yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 4 Mi. S.W. St. Johns

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Apache
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): St. Johns
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): No name or number

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) John B. (MIDDLE) A. C. (LAST) Chiono

**4. SEX:** Male **5. COLOR OR RACE:** White

**6. MARRIED** NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

**7. DATE OF BIRTH:** MONTH 6 DAY 15 YEAR 08

**8. AGE:** YEARS 43 MONTHS 10 DAYS 17

IF UNDER 24 HOURS: HOURS ___ MIN. ___

**9A. USUAL OCCUPATION** (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Garage Manager

**9B. KIND OF BUSINESS OR INDUSTRY:** Auto. Agency

**10. BIRTHPLACE** (STATE OR FOREIGN COUNTRY): Arizona

**11. CITIZEN OF WHAT COUNTRY?** USA

**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.** 526-12-4553

**14A. FATHER'S NAME:** John Chiono

**14B. BIRTHPLACE** (STATE OR COUNTRY): Italy

**15A. MOTHER'S MAIDEN NAME:** Frances Chiono

**15B. BIRTHPLACE** (STATE OR COUNTRY): Italy

**16. INFORMANT'S SIGNATURE:** Jay B. Patterson **ADDRESS:** St. Johns, Ariz.

**17. DATE OF DEATH** (MONTH) May (DAY) 2 (YEAR) 1952

**18. CAUSE OF DEATH** ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 226X

+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) Gun Shot wound, Self inflicted — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) ____
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): Suicide

**21B. PLACE OF INJURY** (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): farm

**21C.** (CITY OR TOWN) (COUNTY) (STATE): St. Johns, Apache, Ariz

**21D. TIME OF INJURY** (MONTH) May (DAY) 2 (YEAR) 1952 (HOUR) 3 p.m.

**21E. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒

**21F. HOW DID INJURY OCCUR?** Self inflicted

**22.** I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____, 19____ TO ____, 19____ THAT I LAST SAW THE DECEASED ALIVE ON ____, 19____ AND THAT DEATH OCCURRED AT 3 p.m., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

**23A. SIGNATURE:** Edward J. Carter **(DEGREE OR TITLE):** Coroner **23B. ADDRESS:** Box 561 St. Johns **23C. DATE SIGNED:** May 3, 1952

**24A. BURIAL** ☒ CREMATION ☐ REMOVAL ☐

**24B. DATE:** May 6, 1952

**24C. NAME OF CEMETERY OR CREMATORY:** St. Johns Cemetery

**24D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE): St. Johns, Arizona

**25A. DATE REC'D BY LOCAL REG.:** May 8, 1952

**25B. REGISTRAR'S SIGNATURE:** Etta B. Heap

**26. FUNERAL DIRECTOR'S SIGNATURE:** Dan B. Metz **ADDRESS:** Springerville, Ariz.

**27. EMBALMER'S SIGNATURE:** Dan B. Metz **CERT. NO.** 266 A.

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