J. Stanley

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3318

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 84

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Yuma, rural
C. LENGTH OF STAY IN THIS PLACE: 60 yr; IN ARIZONA: 60 yr
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Kool Corner, Gila Valley

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Yuma, rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Kool Corner, Gila Valley

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): BALERIANO
B. (MIDDLE): HERNANDEZ
C. (LAST): CHAVEZ

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

6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED: ☐ ☐ ☐ ☒
7. DATE OF BIRTH (MONTH, DAY, YEAR): unk 1878
8. AGE YEARS: 75 MONTHS: unk DAYS:
IF UNDER 24 HOURS: HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Miner, retired
9B. KIND OF BUSINESS OR INDUSTRY: Mining
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
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. 546-28-1413
14A. FATHER'S NAME: Cesario Chavez
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Dorotea Hernandez
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: Juan Chavez
ADDRESS: W. Gila Valley, Yuma, Arizona
17. DATE OF DEATH (MONTH, DAY, YEAR): May 25 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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instantly

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):
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 ——— 19____ TO ——— 19____ THAT I LAST SAW THE DECEASED ALIVE ON not at all 19____ AND THAT DEATH OCCURRED AT 2:45 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): John F. Stanley M.D.
23B. ADDRESS: Yuma, Arizona
23C. DATE SIGNED: 26 May '52

24A. BURIAL ☒ **CREMATION** ☐ **REMOVAL** ☐
24B. DATE: 5-28-52
24C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
25A. DATE REC'D BY LOCAL REG.: 5-28-52
25B. REGISTRAR'S SIGNATURE: Marie Nelson
26. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary, Inc. R E Johnson
ADDRESS: Box 310 Yuma, Arizona
27. EMBALMER'S SIGNATURE: R E Johnson
CERT. NO. 246A

FORM VS 2 REV. 3-50 15M

CAUSE OF DEATH (ITEM 18)

RATIONS, UTOPSY

DEATH DUE TO TERNAL OLENCE

EDICAL ORONER'S IFICATION

UNERAL RECTOR AND GISTRAR

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