ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6185

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 22

PLACE OF DEATH AND USUAL RESIDENCE

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

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: California
B. COUNTY: Imperial
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Winterhaven
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 323 H. Street

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): MICHAEL
B. (MIDDLE): LOPEZ
C. (LAST): MENDIVIL JR.

4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Mar DAY 22 YEAR 1933
8. AGE: YEARS 19 MONTHS 7 DAYS 7
IF UNDER 24 HOURS: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Pump Man
9B. KIND OF BUSINESS OR INDUSTRY: Water Users
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
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. 547-42-4040
14A. FATHER'S NAME: Michael Mendivil
14B. BIRTHPLACE (STATE OR COUNTRY): California
15A. MOTHER'S MAIDEN NAME: Rosa Lopez
15B. BIRTHPLACE (STATE OR COUNTRY): California
16. INFORMANT'S SIGNATURE: Mike Mendivil ADDRESS: Box 403, Winterhaven, California
17. DATE OF DEATH: (MONTH) October (DAY) 29 (YEAR) 1952

CAUSE OF DEATH (ITEM 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Gunshot wound to head, selfinflicted — INTERVAL BETWEEN ONSET AND DEATH: few min

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.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): Suicide
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Third and Main Streets
21C. (CITY OR TOWN) Yuma (COUNTY) Yuma (STATE) Arizona
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) 10-29-52 (HOUR) 5:45 P. M.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Socorro Cano Shot self in head after shooting

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM never, 19____, TO ____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19____, AND THAT DEATH OCCURRED AT 6:50 P.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Ernest C. Byrd (DEGREE OR TITLE): Coroner
23B. ADDRESS: YUMA - ARIZONA
23C. DATE SIGNED: 10-31-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 11-4-52
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.: 11-4-52
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

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