

CERTIFICATE OF DEATH

REGISTRAR'S NO. **253804**

04 DEATH D 19 SIDENCE 01	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 3yrs IN ARIZONA 3 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Gila		
	C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 812 Anderson st.				
1 ENT VAL A/67 6 255	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mr. Herman B. (MIDDLE) ---- C. (LAST) Maurer			4. SEX male	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married			
	6B. NAME OF SPOUSE Elizabeth Wirz		7. DATE OF BIRTH MONTH July DAY 18 YEAR 1887	8. AGE (IN YEARS LAST BIRTHDAY) 67	IF UNDER 1 YEAR MONTHS 6 DAYS 23	IF UNDER 24 HRS. HOURS ** MIN. **	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) fruit farming-ret		
	9B. KIND OF BUSINESS OR INDUSTRY fruit farming	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Paterson, N.J.	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no	13. SOCIAL SECURITY NO. 115-14-2076		15B. BIRTHPLACE (STATE OR COUNTRY) SWITZERLAND		
14A. FATHER'S NAME BENEDICT MAURER		14B. BIRTHPLACE (STATE OR COUNTRY) GERMANY	15A. MOTHER'S MAIDEN NAME FERRINA TOMMA		17. DATE OF DEATH February 11, 1955 at 1:25 a.m.				
16. INFORMANT'S SIGNATURE (with ADDRESS) Mrs. Elizabeth Maurer of Globe, Arizona				18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (C). 4341 THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Mitral insufficiency - congestive heart failure. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Terminal Broncho-pneumonia	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4 days			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. 8 , 1955, TO Feb. 11 , 1955, THAT I LAST SAW THE DECEASED ALIVE ON Feb. 10 , 1955, AND THAT DEATH OCCURRED AT 1:25 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
22A. SIGNATURE T.C. Harper M.D.		22B. ADDRESS Globe, Ariz.		22C. DATE SIGNED 2-11-55		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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
23F. HOW DID INJURY OCCUR?		24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Feb 15, 1955		25C. NAME OF CEMETERY OR CREMATORY GREENWOOD CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, ARIZONA			
26A. DATE REC. BY LOCAL REG. 2-14-55		26B. REGISTRAR'S SIGNATURE Gene Haase		27A. FUNERAL DIRECTOR'S SIGNATURE Gene James Welch		27B. ADDRESS Globe Arizona - Chateau # 323			