

CERTIFICATE OF DEATH

REGISTRAR'S NO. 5

BIRTH NO.

OF DEATH AND RESIDENCE 1402	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 36 Yrs IN ARIZONA 36 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
	C. CITY OR TOWN Miami		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Claypool		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Miami-Inspiration Hospital				D. STREET ADDRESS 34 Cottonwood St. (IF RURAL, GIVE LOCATION)			
CEDENT PERSONAL DATA 144 4 155	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Albert B. (MIDDLE) C. (LAST) Mansheim			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married		
	6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH DAY YEAR Apr 28 1908	8. AGE (IN YEARS LAST BIRTHDAY) 49 Yrs	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Invalid	
	9B. KIND OF BUSINESS OR INDUSTRY Invalid	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Colorado	11. CITIZEN OF WHAT COUNTRY? USA	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. None		
14A. FATHER'S NAME Albert J. Mansheim		14B. BIRTHPLACE (STATE OR COUNTRY) Iowa		15A. MOTHER'S MAIDEN NAME Annie E. Pronger		15B. BIRTHPLACE (STATE OR COUNTRY) Iowa		
16. INFORMANT'S SIGNATURE ADDRESS <i>Albert J. Mansheim Miami, Ariz.</i>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) Jan. 24, 1955				
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINK FOR (A), (B), (C). <i>SPK</i> 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 CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Uremia</i> . ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <i>Glomerulonephritis</i> . DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i> <i>3 years.</i>	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Dec. 1, 1954</i> TO <i>Jan 24, 1955</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>Jan 31, 1955</i> , AND THAT DEATH OCCURRED AT <i>4:45 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE (DEGREE OR TITLE) <i>Dr. Collopy MD.</i>		22B. ADDRESS Miami, Arizona		22C. DATE SIGNED 1/25/55			
	23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE		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 type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Jan. 27, 1955	25C. NAME OF CEMETERY OR CREMATORY Final Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.		
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 1/24/55	26B. REGISTRAR'S SIGNATURE <i>Paula Gonzalez</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>J. H. ...</i>		27B. ADDRESS Miami, Arizona.		