

CERTIFICATE OF DEATH

REGISTRAR'S NO. 13

BIRTH NO.

04 OF DEATH AND RESIDENCE 0408	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN <b>12 Yrs</b> IN ARIZONA <b>12 Yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
	C. CITY OR TOWN <b>Miami</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Miami</b> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) <b>Miami-Inspiration Hospital</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>3016 Latham Blvd.</b>	

1 CEDENT PERSONAL DATA 148 6 355	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>James</b> B. (MIDDLE) <b>Piassoli</b> C. (LAST) <b>Piassoli</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>
	6B. NAME OF SPOUSE <b>Alberta</b>		7. DATE OF BIRTH MONTH <b>10</b> DAY <b>23</b> YEAR <b>1906</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>48 Yrs</b>	IF UNDER 1 YEAR MONTHS <b></b> DAYS <b></b>	IF UNDER 24 HRS. HOURS <b></b> MIN. <b></b>

98. KIND OF BUSINESS OR INDUSTRY <b>Copper Mine</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Colorado</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>Yes WWII</b>		13. SOCIAL SECURITY NO. <b>522-05-4074</b>
			14A. FATHER'S NAME <b>Enrico Piassoli</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>Italy</b>	

16. INFORMANT'S SIGNATURE <i>Alberta M. Piassoli</i>			ADDRESS <b>Miami, Ariz.</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>March 29, 1955</b>	
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CAUSE OF DEATH (TEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). <b>MI</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		(A) <b>acute myocardial Failure</b>		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (B) <b>Coronary insufficiency unknown</b>		
DUE TO (C) <b>atherosclerosis of coronary artery</b>		DUE TO (C) <b>atherosclerosis of coronary artery</b>			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED **on Mar 29, 1955** ~~from~~ **Mar 29, 1955**, TO **1:00 p.m.**, 19**55**, THAT I LAST SAW THE DECEASED ALIVE ON **Mar 29, 1955**, AND THAT DEATH OCCURRED AT **1:00 p.m.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) <i>Paula Gonzalez</i>	22B. ADDRESS <b>Miami, Arizona</b>	22C. DATE SIGNED <b>3/30/55</b>
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25A. 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)
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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?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE <b>April 1, 1955</b>	25C. NAME OF CEMETERY OR CREMATORY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Trinidad, Colorado</b>
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26A. DATE REC. BY LOCAL REG. <b>4/5/55</b>	26B. REGISTRAR'S SIGNATURE <i>Paula Gonzalez</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>St. Joseph's</i>	27B. ADDRESS <i>St. Joseph's</i>
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