

CERTIFICATE OF DEATH

REGISTRAR'S NO.

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1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 70 yrs 75 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE/ADMISSION) A. STATE Arizona		B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Arizona State Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 215 N. 11th St.			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) CHARLES B. (MIDDLE) M. C. (LAST) NAVARRO			4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
6B. NAME OF SPOUSE Josefa Provencio Navarro		7. DATE OF BIRTH MONTH DAY YEAR 10 21 1871	8. AGE (IN YEARS LAST BIRTHDAY) 83	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) Tobacco Wholesaler	
9B. KIND OF BUSINESS OR INDUSTRY Tobacco	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	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) Unknown	13. SOCIAL SECURITY NO. 526-01-3750			
14A. FATHER'S NAME Carlos Navarro		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Maria Martinez		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico		
16. INFORMANT'S SIGNATURE Arizona State Hospital records				17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 25 1955			
18. CAUSE OF DEATH ENTER ONE CAUSE PER LINE (A), (B), OR (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 CONDITION DIRECTLY LEADING TO DEATH: (A) Arteriosclerotic heart disease ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Generalized arteriosclerosis DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown	
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 10-2 , 19 53 , TO 3-25 , 19 55 , THAT I LAST SAW THE DECEASED ALIVE ON 3-25 , 19 55 , AND THAT DEATH OCCURRED AT 5:45 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE (DEGREE OR TITLE) Samuel Hark M.D., Director			22B. ADDRESS 2500 E. Van Buren St.		22C. DATE SIGNED 3-25-55		
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 type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE March 28, 1955	25C. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		
26A. DATE REC. BY LOCAL REG. 3/27/55		26B. REGISTRAR'S SIGNATURE Benjamin Johnston		27A. FUNERAL DIRECTOR'S SIGNATURE H. L. Murphy		27B. ADDRESS 330 N. 2nd Ave.	