

CERTIFICATE OF DEATH

REGISTRAR'S NO. **283**

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BIRTH NO.		PLACE OF DEATH A. COUNTY Gila		LENGTH OF STAY IN THIS TOWN 5yr IN ARIZONA 7yr		USUAL RESIDENCE (WHERE DECEASED LIVED) A. STATE Arizona		REGISTRAR'S NO. 283			
C. CITY OR TOWN Globe		D. FULL NAME OF HOSPITAL OR INSTITUTION 500 S. 4th st.		E. STREET ADDRESS 500 S 4th st.		B. COUNTY Gila		IF INSTITUTION: RESIDENCE BEFORE ADMISSION <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
3. NAME OF DECEASED A. (FIRST) Joseph B. (MIDDLE) Marchese C. (LAST)			4. SEX male		5. COLOR OR RACE white		6A. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY)				
6B. NAME OF SPOUSE none		7. DATE OF BIRTH MONTH Aug DAY 24 YEAR 1897		8. AGE (IN YEARS LAST BIRTHDAY) 57		IF UNDER 1 YEAR MONTHS 8 DAYS 8		IF UNDER 24 HRS. HOURS XX MIN. XX		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Restaurer	
9B. KIND OF BUSINESS OR INDUSTRY restaurant		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes		13. SOCIAL SECURITY NO. 344-18-1579		14. FATHER'S NAME unknown	
14A. FATHER'S NAME unknown		14B. BIRTHPLACE (STATE OR COUNTRY) unknown		15. MOTHER'S MAIDEN NAME unknown		15B. BIRTHPLACE (STATE OR COUNTRY) unknown		16. INFORMANT'S SIGNATURE Clair No. 10 ADDRESS 1011 Patents I.D. Blvd - Phoenix Arizona			
17. DATE OF DEATH May 2, 1955		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE IN (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 CONDITION DIRECTLY LEADING TO DEATH ‡ (A) Coronary occlusion DUPLICATE (B) Advanced coronary artery insufficiency DUPLICATE (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 minutes - 3 yrs		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		21. I HEREBY CERTIFY THAT I AM THE DECEASED FROM The body about 5 minutes after death THAT I LAST SAW THE DECEASED about 7:10 am 19 55 , AND THAT DEATH OCCURRED AT about 7:10 am M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE W. P. McGowan		22B. ADDRESS Box 68 Globe Ariz		22C. DATE SIGNED 5-2-55		23A. ACCIDENT (SPECIFY) Natural		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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?							
24A. CORONER'S SIGNATURE John H. Smith		24B. ADDRESS Box 811 Globe, Ariz		24C. DATE SIGNED 5-2-55							
25A. BURIAL OR CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE May 5 1955		25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery (not set)		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe Arizona					
26A. DATE REC. BY LOCAL REG. 5-4-55		26B. REGISTRAR'S SIGNATURE Doree Paulsen		27A. FUNERAL DIRECTOR'S SIGNATURE Gene James Walker		27B. ADDRESS Globe, Arizona.					