

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH
AND RESIDENCE
X-

DECEDENT
PERSONAL
DATA 1/77
8
755

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 30 YRS. IN ARIZONA 40 YRS.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
C. CITY OR TOWN Hayden		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Hayden <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION San Pedro				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Clemente B. (MIDDLE) F. C. (LAST) Martinez			4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Trinidad Lora		7. DATE OF BIRTH MONTH Nov. DAY 23 YEAR 1882	8. AGE (IN YEARS LAST BIRTHDAY) 72	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) PowerHse. Utility Man	
9B. KIND OF BUSINESS OR INDUSTRY None	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico	11. CITIZEN OF WHAT COUNTRY? Mexico	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. 527-05-3787	
14A. FATHER'S NAME Genevevo Martinez		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Clementia Frias		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico
16. INFORMANT'S SIGNATURE <i>Jos. L. Martinez</i>			ADDRESS 322 Mc Kee Dr. Gallup, N. Mex.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 24 1955
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). MI *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) Infarction of Myocardium ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arterio-sclerotic coronary thrombosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 6 weeks 5 years
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 13 June 19 55 TO 24 July 19 55 THAT I LAST SAW THE DECEASED ALIVE ON 24 July 19 55 , AND THAT DEATH OCCURRED AT 2:35 PM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <i>J. K. Hazel</i>		22B. ADDRESS Hayden, Arizona		22C. DATE SIGNED 24 July 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 M		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
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE July 26 - 1955	25C. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Winkelman Arizona
	26A. DATE REC. BY LOCAL REG. 7-28-55	26B. REGISTRAR'S SIGNATURE <i>Mary M. Herrmann</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Benson N. Griffith</i>	27B. ADDRESS Hayden Arizona