

CERTIFICATE OF DEATH

REGISTRAR'S NO. 5

4 04  
CE OF DEATH  
6 AND 66  
AL RESIDENCE  
X-

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 33 IN ARIZONA 33		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
		C. CITY OR TOWN Hayden		<input 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 (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS San Pedro		(IF RURAL, GIVE LOCATION)	

DECEDENT 3  
PERSONAL DATA 4  
33

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Jesus Sanches B. (MIDDLE) Orosco C. (LAST)			4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced	
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH DAY YEAR Dec 24 1921	8. AGE (IN YEARS LAST BIRTHDAY) 33	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) Copper Milling
9B. KIND OF BUSINESS OR INDUSTRY Copper	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Hayden, Ariz.	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes	IF YES, WAR OR DATES OF SERVICE Mar. 1942-Mar. 1945	13. SOCIAL SECURITY NO. 527-14-3592	
14A. FATHER'S NAME Jacinto G. Orosco		14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Geneveva Sanches		15B. BIRTHPLACE (STATE OR COUNTRY) Mexico	

1  
755

16. INFORMANT'S SIGNATURE Hortensia O. Verdugo		ADDRESS Hayden		17. DATE OF DEATH (MONTH) July (DAY) 19 (YEAR) 1955
---	--	-------------------	--	--

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (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 Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS, AUTOPSY 4

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

MEDICAL CERTIFICATION 1

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM \_\_\_\_\_, 19\_\_\_\_, TO \_\_\_\_\_, 19\_\_\_\_, THAT I LAST SAW THE DECEASED ALIVE ON \_\_\_\_\_, 19\_\_\_\_, AND THAT DEATH OCCURRED AT 11:23 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

DEATH DUE TO EXTERNAL VIOLENCE

22A. SIGNATURE Charles A. Hurst M.D.	22B. ADDRESS Hayden, Ariz	22C. DATE SIGNED 7-19-55
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 type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
--------------------------	--------------	------------------

FUNERAL DIRECTOR AND REGISTRAR 85

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 7-21-55	25C. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Hayden Ariz
26A. DATE REC. BY LOCAL REG. 7-22-55	26B. REGISTRAR'S SIGNATURE Mary M. Herrmann	27A. FUNERAL DIRECTOR'S SIGNATURE Byron N. Griffith	27B. ADDRESS Hayden Ariz