ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7694

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1476

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 45 yrs. IN ARIZONA: same
C. CITY OR TOWN: Tucson — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Mary's Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN: Winkleman — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 86

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Clotilde B. (MIDDLE) C. (LAST) Quarelli
4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Thomas A.
7. DATE OF BIRTH — MONTH: 6 DAY: 3 YEAR: '81
8. AGE (IN YEARS LAST BIRTHDAY): 74 yrs
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Italy
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Dominic Ricca
14B. BIRTHPLACE (STATE OR COUNTRY): Italy
15A. MOTHER'S MAIDEN NAME: Jovana Cavaillo
15B. BIRTHPLACE (STATE OR COUNTRY): Italy
16. INFORMANT'S SIGNATURE: Lucy A. Hilkins — ADDRESS: Winkleman, Ariz.
17. DATE OF DEATH (MONTH): December (DAY): 22, (YEAR): 1955

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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) Cardio-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension — 10 years
DUE TO (C) Degenerative vascular disease ?

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 18 Dec, 1955 TO 22 Dec, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 21 Dec, 1955, AND THAT DEATH OCCURRED AT 4:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Lucie Lucas Lamoureux (DEGREE OR TITLE) MD
22B. ADDRESS: 708 N. Country Club
22C. DATE SIGNED: 22 Dec 55

23A. ACCIDENT (SPECIFY) / SUICIDE / HOMICIDE / NATURAL CAUSE
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 12/26/55
25C. NAME OF CEMETERY OR CREMATORY: Winkleman Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Winkleman, Arizona
26A. DATE REC. BY LOCAL REG.: 12-23-55
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: REILLY FUNERAL HOME
27B. ADDRESS: Tucson, Arizona
28. EMBALMER'S SIGNATURE: Chris A. Reilly
28B. EMBALMER'S CERT. NO.: 216

FORM VS-2 REV. 3-15-55 [illegible]01