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 Ft. Apache Ag., Arizona

ARIZONA STATE DEPARTMENT OF HEALTH  
 DIVISION OF VITAL STATISTICS

STATE FILE NO. 7910

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

PLACE OF DEATH AND RESIDENCE 0002	1. PLACE OF DEATH A. COUNTY <b>Navajo</b>		B. LENGTH OF STAY IN THIS TOWN <b>1 day</b> IN ARIZONA <b>65 yrs.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Navajo</b>						
	C. CITY OR TOWN <b>Whiteriver</b>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Whiteriver</b> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS						
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Fort Apache Hospital</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) ---						
PRECEDENT PERSONAL DATA 7/3/65 XVV	3. NAME OF DECEASED (TYPE OR PRINT) <b>CHESTER</b>		A. (FIRST)		B. (MIDDLE)		C. (LAST) <b>GATEWOOD</b>		4. SEX <b>M.</b>	5. COLOR OR RACE <b>1/4 Apache Ind.</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>
	6B. NAME OF SPOUSE ---		7. DATE OF BIRTH MONTH <b>10</b> DAY <b>25</b> YEAR <b>90</b>		8. AGE (IN YEARS LAST BIRTHDAY) <b>65</b>		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) <b>Retired Laborer</b>
	9B. KIND OF BUSINESS OR INDUSTRY ---		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>		11. CITIZEN OF WHAT COUNTRY? <b>USA</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>		13. SOCIAL SECURITY NO. ---		
	14A. FATHER'S NAME <b>Unknown</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>		15A. MOTHER'S MAIDEN NAME <b>Unknown</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Arizona</b>				
16. INFORMANT'S SIGNATURE <b>Asa Lavender, Whiteriver, Arizona</b>					ADDRESS			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>November 14, 1955</b>			

CAUSE OF DEATH (TEM 18) HPX	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (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 CONTACTED.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <b>Pulmonary Edema</b>		DUE TO (B) <b>Bronchopneumonia</b>				12 hours	
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (C) <b>Alcoholism</b>				24 hours	
11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						15 years		

OPERATIONS, AUTOPSY, DEATH DUE TO INTERNAL POLLENCE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE		21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			21C. (CITY OR TOWN) (COUNTY) (STATE)		
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Nov. 13</b> , 19 <b>55</b> , TO <b>Nov. 14</b> , 19 <b>55</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>Nov. 14</b> , 19 <b>55</b> , AND THAT DEATH OCCURRED AT <b>4:15 a.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE <b>S. M. Berge</b>		(DEGREE OR TITLE) <b>M. D.</b>		23B. ADDRESS <b>Whiteriver, Arizona</b>	

GENERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
	25A. DATE REC'D BY LOCAL REG.		25B. REGISTRAR'S SIGNATURE <b>Alice Pepponi</b>		26. FUNERAL DIRECTOR'S SIGNATURE <b>Jesus James Wacker</b>		ADDRESS <b>Globe, Arizona</b>
				27. EMBALMER'S SIGNATURE <b>Jesus James Wacker</b>		CERT. NO. <b>#323</b>	