

CERTIFICATE OF DEATH

REGISTRAR'S NO. 368

BIRTH NO.

4 04
OF DEATH
AND 19
RESIDENCE
7-

DECEDENT
PERSONAL
DATA 82
156

CAUSE
OF
DEATH
(ITEM 18)

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

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1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 75 Yrs IN ARIZONA 75 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Globe <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) 714 So. Second St.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 714 So. Second St.	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mortimer B. (MIDDLE) J. C. (LAST) McLane			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Maude		7. DATE OF BIRTH MONTH 10 DAY 20 YEAR 1873		8. AGE (IN YEARS LAST BIRTHDAY) 82 Yrs.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Ranch Owner
9B. KIND OF BUSINESS OR INDUSTRY Ranch	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nevada	11. CITIZEN OF WHAT COUNTRY? USA	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. 526-03-7403
14A. FATHER'S NAME Maxwell A. McLane		14B. BIRTHPLACE (STATE OR COUNTRY) Mass.	15A. MOTHER'S MAIDEN NAME Katarina Young		15B. BIRTHPLACE (STATE OR COUNTRY) Germany
16. INFORMANT'S SIGNATURE Erma McHothaway Payson			ADDRESS Payson		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Jan. 21, 1956
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Bronchopneumonia ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) myocarditis DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH 3 days few years
PLACE DISEASE CONTRACTED:		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 21, 1956 TO Jan 21, 1956 , THAT I LAST SAW THE DECEASED ALIVE ON Jan 21, 1956 AND THAT DEATH OCCURRED AT Globe, Arizona M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE Walter M. Bruin MD		22B. ADDRESS Globe, Arizona		22C. DATE SIGNED 1.23.56	
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?	
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Jan. 23, 1956	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.
26A. DATE REC. BY LOCAL REG. 1-28-56		26B. REGISTRAR'S SIGNATURE Erma McHothaway Payson		27A. FUNERAL DIRECTOR'S SIGNATURE Walter M. Bruin MD	
				27B. ADDRESS Miami, Arizona	