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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1732

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 856

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 2Mo. 28D. IN ARIZONA 2Yr. 2Mo.
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Memorial Hospital - Phoenix

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Avondale — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 416 S. 7th. St.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Marcos
B. (MIDDLE): none
C. (LAST): Yzagere Jr.

4. SEX: M
5. COLOR OR RACE: Mex.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): —
6B. NAME OF SPOUSE: —
7. DATE OF BIRTH: MONTH 3 DAY 5 YEAR 54
8. AGE (IN YEARS LAST BIRTHDAY): 2Yr. 25day
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): —
9B. KIND OF BUSINESS OR INDUSTRY: —
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Phoenix, Ariz.
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.: —
14A. FATHER'S NAME: Marcos Yzagere
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Maria Garcia
15B. BIRTHPLACE (STATE OR COUNTRY): TEXAS
16. INFORMANT'S SIGNATURE: Maria Yzagere — ADDRESS: Avondale Ariz.
17. DATE OF DEATH: (MONTH) March (DAY) 30 (YEAR) 1956

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 CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
(A) Pulmonary atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 dy.
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Bulbo-spinal poliomyelitis — 1/2/56 to 3/30/56
DUE TO (C) —

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/3, 1956, TO 3/30, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 3/30, 1956, AND THAT DEATH OCCURRED AT 3 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (MD OR DO DEGREE OR TITLE): John L. Dingluck M.D.
22B. ADDRESS: 1313 N. 2nd St.
22C. DATE SIGNED: 4/1/56

DEATH DUE TO EXTERNAL VIOLENCE
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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 4/2/56
25C. NAME OF CEMETERY OR CREMATORY: Resthaven Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Arizona
26A. DATE REC. BY LOCAL REG.: 4/1/56
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Dal Clouts
27B. ADDRESS: 161A Avondale Ariz

FORM VS-2 REV. 6-1-53 AMPCO 6-54 15M 79573