

Punched

CERTIFICATE OF DEATH

REGISTRAR'S NO. 404

BIRTH NO.

04
OF DEATH
AND 25
RESIDENCE
0201

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 2 Wks IN ARIZONA 49 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 Miami	
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 921 Rose Road			

1
CEDENT
PERSONAL
DATA 76

3. NAME OF DECEASED (TYPE OR PRINT) Matt Menalo			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
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6B. NAME OF SPOUSE Rose Menale		7. DATE OF BIRTH MONTH 8 DAY 8 YEAR 1879	8. AGE (IN YEARS) LAST BIRTHDAY 76 Yrs.	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Farm Owner
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9
456

9B. KIND OF BUSINESS OR INDUSTRY Farm	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Austria	11. CITIZEN OF WHAT COUNTRY? U.S.A.	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. 526-16-7922
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14A. FATHER'S NAME Frank Menalo	14B. BIRTHPLACE (STATE OR COUNTRY) Austria	15A. MOTHER'S MAIDEN NAME Bozica Raguz	15B. BIRTHPLACE (STATE OR COUNTRY) Austria
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16. INFORMANT'S SIGNATURE Mrs. D. A. Buchegraber		ADDRESS Miami, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 12, 1956
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162X
CAUSE
OF
DEATH
EM 18)

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, ASTHMA, ETC. IF MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Paraschizymic carcinoma DUE TO (B) _____ 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 7 months
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OPERATIONS,
TUPSY

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **January 1956** TO **April 12, 1956** THAT I LAST SAW THE DECEASED ALIVE ON **April 12, 1956** AND THAT DEATH OCCURRED AT **12:20 P.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) D. S. Gallogay M.D.	22B. ADDRESS 124623 Miami Ave	22C. DATE SIGNED April 13, 1956
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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) _____
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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? _____
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CONER'S
CERTIFICATION

24A. CORONER'S SIGNATURE _____	24B. ADDRESS _____	24C. DATE SIGNED _____
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GENERAL
REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE April 14, 1956	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.
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26A. DATE REC. BY LOCAL REG. 4-14-56	26B. REGISTRAR'S SIGNATURE James W. ...	27A. FUNERAL DIRECTOR'S SIGNATURE _____	27B. ADDRESS _____
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