

CERTIFICATE OF DEATH

1
OF DEATH
AND
RESIDENCE
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402
1
EDENT 2
SONAL 307
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756
7600
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DUE TO
EXTERNAL
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VERAL
ECTOR
AND
ISTRAR 2

Birth No. 10/10/1956

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN <input type="checkbox"/> Life IN ARIZONA <input type="checkbox"/> Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
C. CITY OR TOWN Miami		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Miami		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Miami - Inspiration Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Golden Hill (Midland City)			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Johnley B. (MIDDLE) Stanley C. (LAST) Motteshard			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married		
6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH 7 DAY 10 YEAR 1956	B. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS 2 DAYS	IF UNDER 24 HRS. HOUR 2 MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Infant	
9B. KIND OF BUSINESS OR INDUSTRY Infant	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	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. None		
14A. FATHER'S NAME Fred G. Motteshard		14B. BIRTHPLACE (STATE OR COUNTRY) New Mexico	15A. MOTHER'S MAIDEN NAME Donna Vincent		15B. BIRTHPLACE (STATE OR COUNTRY) Oklahoma		
16. INFORMANT'S SIGNATURE Johnley Motteshard ADDRESS Miami, Ariz.			17. DATE OF DEATH (MONTH) July (DAY) 12 (YEAR) 1956		18. CAUSE OF DEATH		
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. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION July 12, 1956		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 10, 1956 TO July 12, 1956 THAT I LAST SAW THE DECEASED ALIVE ON July 11, 1956 AND THAT DEATH OCCURRED AT July 12, 1956 12:30 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE W. L. Peacock (DEGREE OR TITLE) MD			22B. ADDRESS Miami, Ariz.		22C. DATE SIGNED		
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 M		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 July 13, 1956	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.		
26A. DATE REC. BY LOCAL REG. 7/13-56		26B. REGISTRAR'S SIGNATURE Arson D. Braxton		27A. FUNERAL DIRECTOR'S SIGNATURE Johnley Motteshard		27B. ADDRESS Miami, Ariz.	