ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4424

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1705

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN: Life; IN ARIZONA: Life
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

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): R # 5 Box 1235

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Eligio B. (MIDDLE) C. (LAST) Canisales
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Susana
7. DATE OF BIRTH: MONTH Aug DAY 12 YEAR 1903
8. AGE (IN YEARS LAST BIRTHDAY): 52 — 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): Trucking
9B. KIND OF BUSINESS OR INDUSTRY: Truck
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.: 526-16-2019
14A. FATHER'S NAME: Victor Canisales
14B. BIRTHPLACE (STATE OR COUNTRY): California
15A. MOTHER'S MAIDEN NAME: Ramona Garcia
15B. BIRTHPLACE (STATE OR COUNTRY): California
16. INFORMANT'S SIGNATURE: Susana Canisales — ADDRESS: R # 5 Box 1235
17. DATE OF DEATH (MONTH) (DAY) (YEAR): July 1, 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) Gunshot wound, abdomen — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B)
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 I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED, on 7-2-56, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Daniel Condon (DECEASED) MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 7-2-56

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY): APPARENT HOMICIDE
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Lateral 19¼ Lower Buckeye Rd
23C. (CITY OR TOWN) (COUNTY) (STATE): Tolleson Maricopa, Ariz.
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): July 1, 1956 7:30PM
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Gunshot Wound Abdomen

24A. CORONER'S SIGNATURE: Acting: JP Charles F. Cobbeck
24B. ADDRESS: Phoenix, Arizona
24C. DATE SIGNED: July 7, 1956

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 7-7-56
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 7/7/56
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: L. M. Mortensen
27B. ADDRESS: Phx Arizona

FORM VS-2 REV. 6-1-53 AMPCO 77595