

CERTIFICATE OF DEATH

1. PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY IN THIS TOWN 5 yrs IN ARIZONA 5 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
	C. CITY OR TOWN Globe		C. CITY OR TOWN Globe	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila General Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 468 Yuma st	
3. NAME OF DECEASED A. (FIRST) Dania B. (MIDDLE) Elizabeth C. (LAST) Peterson			4. SEX fe	5. COLOR OR RACE white
6B. NAME OF SPOUSE Ralph R. Peterson		7. DATE OF BIRTH MONTH DAY YEAR April 5 1921	8. AGE (IN YEARS LAST BIRTHDAY) 35	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) housewife
9B. KIND OF BUSINESS OR INDUSTRY housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Michigan	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 ****
14A. FATHER'S NAME Elmer Heider		14B. BIRTHPLACE (STATE OR COUNTRY) Wisconsin	18A. MOTHER'S MAIDEN NAME (unknown) Heider	
16. INFORMANT'S SIGNATURE Ralph R. Peterson		ADDRESS Globe, Arizona		13. SOCIAL SECURITY NO. 94-14-4257
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). \$THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEAVY FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) [Electric shock]		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Oct 12, 1956 at 6:45 p.m.
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		3. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		19. DATE OF OPERATION
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21. I HEREBY CERTIFY THAT I EXAMINED THE DECEASED <i>examined</i> <i>in her home on 10-12-56</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>10-12-56</i>				
22A. SIGNATURE <i>Bernard Carlson M.D.</i>		22B. ADDRESS <i>Piscataway</i>		22C. DATE SIGNED 10-12-56
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <i>Accident</i>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>468 E. Yuma St.</i>		23C. (CITY OR TOWN) (COUNTY) (STATE) <i>Globe, Pinal, Arizona</i>
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <i>Oct. 12 1956 1:45 P.M.</i>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? <i>Electric shock while taking bath</i>
24A. CORONER'S SIGNATURE <i>Albert Shute</i>		24B. ADDRESS (COUNTY) (STATE) <i>Box 811 Globe, Arizona</i>		24C. DATE SIGNED <i>10-16-56</i>
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE Oct 14, 1956		25C. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Menominee, Michigan		26A. DATE REC. BY LOCAL REG. 10-16-56		26B. REGISTRAR'S SIGNATURE <i>Jesse James Wachter</i>
26C. REGISTRAR'S SIGNATURE <i>Jesse James Wachter</i>		26D. FUNERAL DIRECTOR'S SIGNATURE <i>Jesse James Wachter</i>		26E. ADDRESS Globe, Arizona
26F. REGISTRAR'S SIGNATURE <i>Jesse James Wachter</i>		26G. FUNERAL DIRECTOR'S SIGNATURE <i>Jesse James Wachter</i>		26H. ADDRESS Embalmer #323

1 OF DEATH AND RESIDENCE 04 19 2201
CEDENT PERSONAL DATA 135
9140
CAUSE OF DEATH (EM 18)
RATIONS/PTOPSY 1
MEDICAL CERTIFICATION 19 24
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION 5
GENERAL DIRECTOR AND REGISTRAR 17 2