

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 453.

1. PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY IN THIS TOWN 3 yrs IN ARIZONA 3 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
	C. CITY OR TOWN Central Heights <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Central Heights <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION 412 Hickmety st.			D. STREET ADDRESS 412 Hickmety st. (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED (TYPE OR PRINT) MARSHA JOYCE MINTON		4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Single
6B. NAME OF SPOUSE none		7. DATE OF BIRTH MONTH 2 DAY 28 YEAR 1948	8. AGE (IN YEARS LAST BIRTHDAY) 8	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) Hot Springs, Ark.	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. none
14A. FATHER'S NAME Marshal Minton		14B. BIRTHPLACE (STATE OR COUNTRY) Arkansas	15A. MOTHER'S MAIDEN NAME Ernestine <del>W</del> Midkiff	
16. INFORMANT'S SIGNATURE (step-father) R.C. Vaughn - Central Heights, Arizona			17. DATE OF DEATH OCT 29, 1956 at 2 a.m.	
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) Massive Pneumonia 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
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 AM A LICENSED PHYSICIAN FROM _____, 19____, TO _____, 19____, 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 Dorothy S. Seligman MD		22B. ADDRESS Phoenix Arizona		22C. DATE SIGNED 29 Oct 1956
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) (HOURS) OF INJURY		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 type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE Oct 30, 1956	25C. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Hot Springs, Arkansas
26A. DATE REC. BY LOCAL REG. 10-29-56		26B. REGISTRAR'S SIGNATURE Gene Vannoy		26C. FUNERAL DIRECTOR'S SIGNATURE Gene James Welch
26D. ADDRESS 103		26E. ADDRESS Globe, Arizona.		26F. ADDRESS Embalmers #323