

CERTIFICATE OF DEATH

REGISTRAR'S NO. 462

Punched
OF DEATH AND RESIDENCE 201
IDENTIFICATION DATA 186
CAUSE OF DEATH (EM 18)
OPERATIONS, TORSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>20</u> IN ARIZONA <u>73</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
C. CITY OR TOWN <u>Globe</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Winkelman</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gila County General Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Winkelman Flats</u>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Dionisio</u> B. (MIDDLE) <u>-</u> C. (LAST) <u>Mendez</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widower</u>
6B. NAME OF SPOUSE <u>Refugio Lopez</u>		7. DATE OF BIRTH MONTH <u>Nov</u> DAY <u>18</u> YEAR <u>1870</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>86</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Labor</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>None</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Mexico</u>		11. CITIZEN OF WHAT COUNTRY? <u>Mexico</u>	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>		14A. FATHER'S NAME <u>Fuencio Mendez</u>	
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>		15A. MOTHER'S MAIDEN NAME <u>Antonia Gonzalez</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	
16. INFORMANT'S SIGNATURE <u>Dionisio Mendez</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Nov 11 1956</u>		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINK 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) <u>Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few days</u>	
		DUE TO (B) <u>chronic nephritis</u>		<u>years</u>	
		DUE TO (C) <u>Arterio-sclerosis</u>		<u>years</u>	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>9-15</u> 19 <u>56</u> , TO <u>11-11</u> 19 <u>56</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>11-11</u> 19 <u>56</u> , AND THAT DEATH OCCURRED AT <u>3:15 P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE (DEGREE OR TITLE) <u>Alexander J. Boss, M.D.</u>			22B. ADDRESS <u>State</u>		22C. DATE SIGNED <u>11-14-56</u>
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		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 <u>Nov 13-1956</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cemetery</u>	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Winkelman Arizona</u>		26A. DATE REC. BY LOCAL REG. <u>11-14-56</u>		26B. REGISTRAR'S SIGNATURE <u>Dr. Manuel</u>	
26C. FUNERAL DIRECTOR'S SIGNATURE <u>Rayon M. Smith</u>		26D. ADDRESS <u>Hayden Arizona</u>		26E. DATE SIGNED	