

CERTIFICATE OF DEATH

REGISTRAR'S NO. 463.

BIRTH NO.

04 OF DEATH AND 19 RESIDENCE 0201	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 44 Yrs IN ARIZONA 44 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
	C. CITY OR TOWN Globe,		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Globe, Arizona <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
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) 321 Mesa St.				
EDENT 3 SONAL DATA 173 9 X56	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Celia B. (MIDDLE) Match C. (LAST) Marich			4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		
	6B. NAME OF SPOUSE Dan Marich		7. DATE OF BIRTH MONTH DAY YEAR Sept. 23 1883	8. AGE (IN YEARS LAST BIRTHDAY) 73 Yrs.	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife	
CAUSE OF DEATH EM 18)	9B. KIND OF BUSINESS OR INDUSTRY At home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Yugoslavia	11. CITIZEN OF WHAT COUNTRY? United States	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 Match		14B. BIRTHPLACE (STATE OR COUNTRY) Yugoslavia	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Yugoslavia		
16. INFORMANT'S SIGNATURE Rodie Marich			ADDRESS Globe, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 20, 1956			
MEDICAL CERTIFICATION +	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) <i>Coronary Insufficiency</i> 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 CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Generalized Arteriosclerosis - 10 yrs.</i>				INTERVAL BETWEEN ONSET AND DEATH 3 years	
	19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
MEDICAL CERTIFICATION +	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Jan</i> , 19 <i>46</i> <i>Nov. 20, 1956</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Nov. 20, 1956</i> AND THAT DEATH OCCURRED AT <i>7:30 p</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE <i>T.C. Harper M.D.</i>		(DEGREE OR TITLE)		22B. ADDRESS <i>Globe, Ariz.</i>		22C. DATE SIGNED <i>11-23-56</i>	
DEATH DUE TO EXTERNAL VIOLENCE	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?			
FAMILY MEMBER'S CERTIFICATION	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 Nov. 23, 56.	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Central Heights, Arizona		
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <i>11-23-56</i>		26B. REGISTRAR'S SIGNATURE <i>Frank W. ...</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Frank W. ...</i>		27B. ADDRESS Globe Mortuary, Globe, Arizona	