ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7644

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 8

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY IN THIS TOWN: 35 Yrs. IN ARIZONA: 35 yrs.
C. CITY OR TOWN: Hayden ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Home - Hayden

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Gila
C. CITY OR TOWN: Hayden ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 1265

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Esteban B. (MIDDLE): Salinas C. (LAST): Maldonado
4. SEX: M.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Teresa
7. DATE OF BIRTH: MONTH 3 DAY 10 YEAR 1873
8. AGE (IN YEARS LAST BIRTHDAY): 83
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): Foreman
9B. KIND OF BUSINESS OR INDUSTRY: Retired
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Guanajuato
11. CITIZEN OF WHAT COUNTRY? Mexico
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO. 526-22-0334
14A. FATHER'S NAME: Margarito Maldonado
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Maria Salinas
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: Mrs. Frances Brandon Hayden ADDRESS:
17. DATE OF DEATH (MONTH) December (DAY) 18 (YEAR) 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) Senility — INTERVAL BETWEEN ONSET AND DEATH: 20 years

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. Arterio-sclerotic heart disease — 20 years

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 26, 19 54, TO Dec 16, 19 56, THAT I LAST SAW THE DECEASED ALIVE ON Dec 16, 19 56, AND THAT DEATH OCCURRED AT 5:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): James K Hazel MD
22B. ADDRESS: Hayden, Arizona
22C. DATE SIGNED: Dec 19, 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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Dec 20 1956
25C. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Winkelman Arizona
26A. DATE REC. BY LOCAL REG.: 12-18-56
26B. REGISTRAR'S SIGNATURE: Lucy Q Kane
27A. FUNERAL DIRECTOR'S SIGNATURE: Byron N. Griffith
27B. ADDRESS: Hayden Arizona

FORM VS-2 REV. 6-1-53 AMPCO 70385

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