

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 487

24 04  
PLACE OF DEATH  
AND 19  
RESIDENCE  
02/01

DECEDENT  
PERSONAL DATA  
466  
9  
257

11201  
CAUSE  
OF  
DEATH  
(ITEM 18)

OPERATIONS,  
AUTOPSY

MEDICAL  
CERTIFICATION

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

CORONER'S  
CERTIFICATION

FUNERAL  
DIRECTOR  
AND  
REGISTRAR

125

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 88 yrs IN ARIZONA 45 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		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) #11 Silver street			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Lambro B. (MIDDLE) -- C. (LAST) Michali			4. SEX male		5. COLOR OR RACE white		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married
6B. NAME OF SPOUSE Bessie Michali		7. DATE OF BIRTH MONTH DAY YEAR Jan 1 1891		8. AGE (IN YEARS LAST BIRTHDAY) 66		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) shoe repair shop	
9B. KIND OF BUSINESS OR INDUSTRY shoe repairing		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Albania		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. 526-44-7594		14A. FATHER'S NAME Vasele Michali		14B. BIRTHPLACE (STATE OR COUNTRY) Albania		15A. MOTHER'S MAIDEN NAME Kyriakoula Michali	
15B. BIRTHPLACE (STATE OR COUNTRY) Albania		16. INFORMANT'S SIGNATURE Bessie Michali (wife) ADDRESS Globe, Arizona.				17. DATE OF DEATH (MONTH) (DAY) (YEAR) February 23, 1957 at 6:30 p.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, APHYRENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C)				MEDICAL CERTIFICATION (A) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 2 hours	
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. PLACE DISEASE CONTRACTED.		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>11201</u> <u>Feb 23 1957</u> AND THAT DEATH OCCURRED AT <u>6:30 p.m.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE. 22A. SIGNATURE William E. Proshap MD 22B. ADDRESS Box 68 Globe Ariz 22C. DATE SIGNED 2/26/57							
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) Globe Arizona			
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 Feb 26, 1957		25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery Sect 13 lot 140		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.	
26A. DATE REC. BY LOCAL REG. 2/26/1957		26B. REGISTRAR'S SIGNATURE Gene Vander		27A. FUNERAL DIRECTOR'S SIGNATURE Gene James Vander		27B. ADDRESS Globe, Arizona.	