

CERTIFICATE OF DEATH

REGISTRAR'S NO.

563

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 43 yrs IN ARIZONA life		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF IN INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona	
C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		B. COUNTY Gila	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) residence - East South st.				D. STREET East South st. (IF RURAL, GIVE LOCATION)	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Charles B. (MIDDLE) Lopez C. (LAST) Robles			4. SEX male	5. COLOR OR RACE Mex	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married
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7B. NAME OF SPOUSE Rosa Robles		7. DATE OF BIRTH MONTH DAY YEAR Sept 7 1904	8. AGE (IN YEARS LAST BIRTHDAY) 52	9. IF UNDER 1 YEAR MONTHS DAYS 6 12	10. IF UNDER 24 HRS. HOURS MIN. SEC. ** ** *	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) timberman-copper mining
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9B. KIND OF BUSINESS OR INDUSTRY Copper mining	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Douglas, Arizona	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. 626-05-9171
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14A. FATHER'S NAME Miguel Robles	14B. BIRTHPLACE (STATE OR COUNTRY) Mexico	15A. MOTHER'S MAIDEN NAME Margarita Lopez	15B. BIRTHPLACE (STATE OR COUNTRY) Tucson, Arizona
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16. INFORMANT'S SIGNATURE Rosa Robles (wife)		ADDRESS Globe, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 19, 1957 at 10:20 a.m.
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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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Coronary Thrombosis (second attack)		INTERVAL BETWEEN ONSET AND DEATH sudden
	2. ANTECEDENT CAUSES GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		
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 4-18-56 TO 3-19-57, THAT I LAST SAW THE DECEASED ALIVE ON 3-19-57, AND THAT DEATH OCCURRED AT 10:20 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE Walter M. O'Sullivan MD	22B. ADDRESS Globe, Arizona	22C. DATE SIGNED 3-19-57
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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)
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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?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE March 23, 1957	25C. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery, Sect A lot 37 Central Heights, Arizona.	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
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26A. DATE REC. BY LOCAL REG. 3-20-57	26B. REGISTRAR'S SIGNATURE Drew Hensell	27A. FUNERAL DIRECTOR'S SIGNATURE John James Vachek	27B. ADDRESS Globe, Arizona.
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11/04
OF DEATH
AND
AL RESIDENCE
X-

DECEDENT
PERSONAL
DATA
52
357

4201
CAUSE
OF
DEATH
(ITEM 18)
0
0

OPERATIONS,
AUTOPSY
2

MEDICAL
CERTIFICATION
2

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION
1

FUNERAL
DIRECTOR
AND
REGISTRAR
2