

1589  
496

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>2 Yrs</u> IN ARIZONA <u>11 Yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
PLACE OF DEATH AND RESIDENCE <u>0701</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>Globe</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>189 N. Broad St.</u>	
3. NAME OF DECEASED (TYPE OR PRINT) <u>DAN</u>		A. (FIRST)		B. (MIDDLE)		C. (LAST) <u>ROGERS</u>	
4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>			
7. DATE OF BIRTH MONTH <u>7</u> DAY <u>11</u> YEAR <u>1903</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>53 Yrs.</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE (IF RETIRED)) <u>Editor</u>		9B. NAME OF SPOUSE <u>Catherine Rogers</u>	
9B. NAME OF SPOUSE <u>Catherine Rogers</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Texas</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	
13A. FATHER'S NAME <u>Unknown</u>		13B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		13C. MOTHER'S MAIDEN NAME <u>Unknown</u>		13D. SOCIAL SECURITY NO. <u>130-10-4525</u>	
14. INFORMANT'S SIGNATURE <u>Mrs Dan Rogers</u>		15. ADDRESS <u>Globe, Ariz.</u>		16. DATE OF DEATH (MONTH) <u>March</u> (DAY) <u>1</u> (YEAR) <u>1957</u>		17. INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
18. CAUSE OF DEATH ENTER 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.		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.		MEDICAL CERTIFICATION (A) <u>Acute Cor Pulmonale</u> DUE TO (B) <u>Pulmonary Sarcoidosis</u> DUE TO (C)		II. OTHER SIGNIFICANT 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>March 1, 1957</u> TO <u>March 1, 1957</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>March 1, 1957</u> AND THAT DEATH OCCURRED AT <u>7:00 P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE <u>William E. Bishop MD</u>		22B. ADDRESS <u>Box 68 Globe Arizona</u>		22C. DATE SIGNED <u>3-1-57</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	
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 type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Mar. 5, 1957</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Greenwood Crematory</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Arizona.</u>	
26A. DATE REC. BY LOCAL REG. <u>3-4-57</u>		26B. REGISTRAR'S SIGNATURE <u>Drew Wauson</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>May Miller</u>		27B. ADDRESS <u>Phoenix Ariz</u>	

PRECEDENT PERSONAL DATA 7 357  
1380 CAUSE OF DEATH ITEM 18)  
OPERATIONS, AUTOPSY 2  
MEDICAL CERTIFICATION  
DEATH DUE TO EXTERNAL VIOLENCE  
CORONER'S CERTIFICATION  
FUNERAL DIRECTOR AND REGISTRAR 2