

3022

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

|                                 |   |  |  |  |  |  |   |  |
|---------------------------------|---|--|--|--|--|--|---|--|
| PLACE OF DEATH<br>AND RESIDENCE | 1. PLACE OF DEATH<br>A. COUNTY <b>Gila</b>  |  | B. LENGTH OF STAY<br>IN THIS TOWN   IN ARIZONA<br><b>6 Mos</b>   <b>14 Yrs</b>   |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)<br>A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b> |  |   |  |
|                                 | C. CITY OR TOWN <b>Miami</b>  |  | <input type="checkbox"/> IN CITY LIMITS<br><input checked="" type="checkbox"/> OUTSIDE CITY LIMITS   |  | C. CITY OR TOWN <b>Claypool</b>  |  | <input type="checkbox"/> IN CITY LIMITS<br><input type="checkbox"/> OUTSIDE CITY LIMITS     |  |
| DECEDENT PERSONAL DATA          | D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Miami-Inspiration Hospital</b>  |  |  |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>113 Wilson St.</b>  |  |   |  |
|                                 | 3. NAME OF DECEASED (TYPE OR PRINT)<br>A. (FIRST) <b>Hubert</b> B. (MIDDLE) <b>James</b> C. (LAST) <b>Mauzy</b>   |  |  | 4. SEX <b>Male</b>                                       | B. COLOR OR RACE <b>White</b>  | 8A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b> |   |  |
| PERSONAL DATA                   | 6B. NAME OF SPOUSE <b>Deanie Mauzy</b>  |  | 7. DATE OF BIRTH<br>MONTH   DAY   YEAR<br><b>2</b>   <b>7</b>   <b>1889</b>  | 8. AGE (IN YEARS LAST BIRTHDAY) <b>68</b>                | 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) <b>Janitor</b> |  |
|                                 | 9B. KIND OF BUSINESS OR INDUSTRY <b>Gr. School</b>  |  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Kentucky</b>  | 11. CITIZEN OF WHAT COUNTRY? <b>USA</b>                  | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>                         |  | 13. SOCIAL SECURITY NO. <b>529-24-8833</b>  |  |
| PERSONAL DATA                   | 14A. FATHER'S NAME <b>James Mauzy</b>   |  | 14B. BIRTHPLACE (STATE OR COUNTRY) <b>Kentucky</b>   | 15A. MOTHER'S MAIDEN NAME <b>Susan Unknown</b>           |  | 15B. BIRTHPLACE (STATE OR COUNTRY) <b>Kentucky</b>                     |   |  |
|                                 | 16. INFORMANT'S SIGNATURE<br><i>Deanie Garley Mauzy</i>   |  |  |  | 17. DATE OF DEATH (MONTH) (DAY) (YEAR)<br><b>May 4, 1957</b>   |  | ADDRESS <b>Claypool</b>   |  |
| CAUSE OF DEATH (ITEM 18)        | 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).<br>*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.                              |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:<br>ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.<br>DUE TO (A) <b>Pneumonia</b><br>DUE TO (B) <b>Bac. Pneumococcus</b><br>DUE TO (C) _____<br>II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.<br><b>Ulcer, Cord. Dis., Decongenital, Nephritis</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b>   |  |
|                                 | PLACE DISEASE CONTRACTED.   |  | 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 <b>10-29-57</b> TO <b>4 May, 1957</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>4 May, 1957</b> , AND THAT DEATH OCCURRED AT <b>5:00 A.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE. |  |  |  |  |  |   |  |
|                                 | 22A. SIGNATURE<br><i>Charles H. Horvath</i>   |  | (DEGREE OR TITLE)  |  | 22B. ADDRESS<br><i>Miami Inspiration Hosp</i>  |  | 22C. DATE SIGNED<br><b>5-13-57</b>  |  |
| 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   |  | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 23F. HOW DID INJURY OCCUR?   |  |   |  |
| CORONER'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 <b>May 6, 1957</b>   | 25C. NAME OF CEMETERY OR CREMATORY <b>Pinal Cemetery</b> |  | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Miami, Arizona.</b>   |   |  |
| FUNERAL DIRECTOR AND REGISTRAR  | 26A. DATE REC. BY LOCAL REG. <b>5/13/57</b>   |  | 26B. REGISTRAR'S SIGNATURE<br><i>Paula Bouley</i>  |  | 27A. FUNERAL DIRECTOR'S SIGNATURE<br><i>W. H. ...</i>  |  | 27B. ADDRESS  |  |