

CERTIFICATE OF DEATH

REGISTRAR'S NO. 539

BIRTH NO.

1 OF DEATH
AND 19
RESIDENCE
0201

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>16 yrs</u> IN ARIZONA <u>55yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</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>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gila General Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Gila General Hospital</u>			

PRECEDENT
PERSONAL
DATA 185

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>John William</u> B. (MIDDLE) <u>Meehan</u> C. (LAST) <u>John William Meehan</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>
GB. NAME OF SPOUSE <u>Ada Gaddury</u>		7. DATE OF BIRTH MONTH <u>Feb</u> DAY <u>4</u> YEAR <u>1872</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>85</u>	IF UNDER 1 YEAR MONTHS <u>4</u> DAYS <u>26</u>	IF UNDER 24 HRS. HOURS <u>**</u> MIN. <u>**</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>painter</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Missouri</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>	13. SOCIAL SECURITY NO. <u>526-80-1056</u>	
14A. FATHER'S NAME <u>Andrew Meehan</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Missouri</u>	15A. MOTHER'S MAIDEN NAME <u>Margaret Meehan</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Missouri</u>

4500
CAUSE
OF
DEATH 0
TEM 18) 0

16. INFORMANT'S SIGNATURE <u>James R. Tolson</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 30, 1957 at 5:05 p.m.</u>	
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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. PLACE DISEASE CONTRACTED.	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>Cerebral Decomposition</u> DUE TO (B) <u>arteriosclerosis</u> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>20 yrs.</u>
	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"/>

OPERATIONS,
AUTOPSY 2

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON <u>July 2, 1957</u> AND <u>at the residence</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.	22A. SIGNATURE (DEGREE OR TITLE) <u>Dr. J. R. Tolson M.D.</u>	22B. ADDRESS <u>Miami Avenue</u>	22C. DATE SIGNED <u>7/2/57</u>
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MEDICAL
CERTIFICATION

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>Natural</u>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. CITY OR TOWN (COUNTY) (STATE) <u>Globe Gila Arizona</u>
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR?

DEATH
DUE TO
EXTERNAL
VIOLENCE

24A. CORONER'S SIGNATURE <u>W. A. Chute</u>		24B. ADDRESS <u>Box 811 Globe Arizona</u>	24C. DATE SIGNED <u>7-2-57</u>
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CORONER'S
CERTIFICATION

25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>July 3, 1957</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona</u>
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GENERAL
DIRECTOR 17

26A. DATE REC. BY LOCAL REG. <u>7-2-57</u>	26B. REGISTRAR'S SIGNATURE <u>Gene Vauvlee</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Vauvlee</u>	27B. ADDRESS <u>Globe, Arizona</u>
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AND
GISTRAR 2

28. EMBALMER'S SIGNATURE <u>Gene Vauvlee</u>		28. ADDRESS <u>Globe, Arizona</u>
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