

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

544

11 04  
PLACE OF DEATH  
AND 25  
RESIDENCE  
0201

PRECEDENT  
PERSONAL DATA  
103  
3  
657

491X  
CAUSE  
OF  
DEATH  
ITEM 18)  
0  
0

OPERATIONS,  
AUTOPSY  
2

MEDICAL  
CERTIFICATION  
+

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

CORONER'S  
CERTIFICATION

FUNERAL  
DIRECTOR  
AND  
REGISTRAR  
17  
05-7-20-57

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>A. COUNTY <b>Gila</b>  |  | B. LENGTH OF STAY<br>IN THIS TOWN <b>2 Days</b> <b>Life</b> IN ARIZONA  |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED.<br>IF INSTITUTION: RESIDENCE BEFORE ADMISSION)<br>A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b> |  |
| C. CITY OR TOWN <b>Globe</b>  |  | D. STREET ADDRESS <b>723 1/2 Keegan St.</b>   |  | C. CITY OR TOWN <b>Miami</b>  |  |
| E. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gila General Hospital</b>  |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION)   |  | E. FULL NAME OF HOSPITAL OR INSTITUTION   |  |
| 3. NAME OF DECEASED<br>(TYPE OR PRINT) <b>Jozelpha Ortega</b>   |  |   | 4. SEX <b>Fem.</b>   | 5. COLOR OR RACE <b>White</b>   | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never Married</b>               |
| 6B. NAME OF SPOUSE <b>None</b>  |  | 7. DATE OF BIRTH<br>MONTH <b>4</b> DAY <b>5</b> YEAR <b>1954</b>  | 8. AGE (IN YEARS LAST BIRTHDAY) <b>3 Yrs</b>   | IF UNDER 1 YEAR MONTHS _____ DAYS _____   | IF UNDER 24 HRS. HOUR _____ MIN. _____   |
| 9B. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</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>None</b>   |  |
| 14A. FATHER'S NAME <b>Raymond Ortega</b>  |  | 14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>   | 15A. MOTHER'S MAIDEN NAME <b>Doris Lee Butterworth</b>   |   | 15B. BIRTHPLACE (STATE OR COUNTRY) <b>W. Virginia</b>                                      |
| 16. INFORMANT'S SIGNATURE <b>Welfare Files</b>  |  |   | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>June 28, 1957</b>  |   | ADDRESS <b>Globe, Ariz.</b>  |
| 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.<br>PLACE DISEASE CONTRACTED.            |  | 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>II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 1/2 hrs</b><br><b>4 1/2 hours</b><br><b>Birth</b> |
| 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 <b>June 27, 1957</b> TO <b>June 28, 1957</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>June 28, 1957</b> , AND THAT DEATH OCCURRED AT <b>8:45 A.M.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. |  |   |  |   |  |
| 22A. SIGNATURE <b>J. J. Jones</b>   |  | 22B. ADDRESS <b>Phoenix, Ariz.</b>  |  | 22C. DATE SIGNED <b>7/2/57</b>  |  |
| 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE  |  | 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?  |  |
| 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>July 3, 1957</b>   | 25C. NAME OF CEMETERY OR CREMATORY <b>Pinal Cemetery</b>   |   | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Miami, Arizona.</b>                       |
| 26A. DATE REC. BY LOCAL REG. <b>7-20-57</b>   |  | 26B. REGISTRAR'S SIGNATURE <b>J. J. Jones</b>   |  | 27A. FUNERAL DIRECTOR'S SIGNATURE <b>John P. ...</b>  | 27B. ADDRESS   |