

CERTIFICATE OF DEATH

BIRTH NO. 17514

REGISTRAR'S NO. 27

AGE OF DEATH 7 AND 98	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN Min IN ARIZONA Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
	C. CITY OR TOWN Christm		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Christmas <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
USUAL RESIDENCE 0402	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS AND NUMBER OF LOCATION) Miami-Inspriration Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Christmas	

DECEDENT PERSONAL DATA 403	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Baby Carla B. (MIDDLE) Jean C. (LAST) Manues			4. SEX Fem.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married
	6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH 7 DAY 26 YEAR 1957	8. AGE (IN YEARS LAST BIRTHDAY) 3	IF UNDER 1 YEAR MONTHS 3 DAYS 3	IF UNDER 24 HRS. HOURS 3 MIN. 3

PERSONAL DATA 403	9B. KIND OF BUSINESS OR INDUSTRY Infant	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? USA	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. None
	14A. FATHER'S NAME William E. Manues	14B. BIRTHPLACE (STATE OR COUNTRY) Arkansas	15A. MOTHER'S MAIDEN NAME Lettie Moone	15B. BIRTHPLACE (STATE OR COUNTRY) Arkansas	

PERSONAL DATA 403	16. INFORMANT'S SIGNATURE <i>Mrs. J.D. Manues</i>		ADDRESS Globe Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 26, 1957
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CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 776X		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Prematurity (6 month fetus)		A. Prematurity (6 month fetus)			

CAUSE OF DEATH (ITEM 18)	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (B) _____			INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	DUE TO (C) _____		DUE TO (C) _____			

OPERATIONS AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 26, 1957 TO July 26, 1957 THAT I LAST SAW THE DECEASED ALIVE ON July 26, 1957 AND THAT DEATH OCCURRED AT 6:15 A.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	22A. SIGNATURE <i>Charles W. Horvath</i>	(DEGREE OR TITLE) MD	22B. ADDRESS Mission, Ariz.	22C. DATE SIGNED 7-29-57	

DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT (SPECIFY) BUICIDE	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 M	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
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FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE July 27, 1957	25C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona	
	26A. DATE REC. BY LOCAL REG. 8-7-57	26B. REGISTRAR'S SIGNATURE <i>Nelson D. Boynton</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>John P. Boynton</i>	27B. ADDRESS <i>John P. Boynton</i>	

26A. DATE REC. BY LOCAL REG. 8-7-57	26B. REGISTRAR'S SIGNATURE <i>Nelson D. Boynton</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>John P. Boynton</i>	27B. ADDRESS <i>John P. Boynton</i>	
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