

CERTIFICATE OF DEATH

REGISTRAR'S NO. 6

BIRTH NO.

11/04  
PLACE OF DEATH  
5 AND 25  
RESIDENCE  
X-

DECEDENT  
PERSONAL DATA  
53  
7  
258

CAUSE OF DEATH  
(ITEM 18)

OPERATIONS, AUTOPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR

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1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN OR IN ARIZONA <b>17 Yrs 17 Yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
C. CITY OR TOWN <b>Miami</b>		D. FULL NAME OF HOSPITAL OR INSTITUTION <b>924 Smith St.</b>		C. CITY OR TOWN <b>Miami</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>924 Smith St.</b>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		D. STREET ADDRESS <b>924 Smith St.</b>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>John</b> B. (MIDDLE) <b>James</b> C. (LAST) <b>McGee</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>
6B. NAME OF SPOUSE <b>Nellie McGee</b>		7. DATE OF BIRTH MONTH <b>12</b> DAY <b>11</b> YEAR <b>1904</b>	8. AGE (IN YEARS) LAST BIRTHDAY <b>53 Yrs.</b>	9. UNDER 1 YEAR MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Laborer</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>Mag. Mine</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Colorado</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATES OF SERVICE) <b>No</b>	13. SOCIAL SECURITY NO. <b>522-07-7759</b>
14A. FATHER'S NAME <b>John McGee</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Colorado</b>	15A. MOTHER'S MAIDEN NAME <b>Unknown</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>	
16. INFORMANT'S SIGNATURE <b>Mrs. Nellie McGee</b>			ADDRESS <b>Miami, Arizona</b>		17. DATE OF DEATH (MONTH) <b>Feb.</b> (DAY) <b>10,</b> (YEAR) <b>1958</b>
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.		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. DUE TO (B) DUE TO (C)		MEDICAL CERTIFICATION (A) <b>Coronary occlusion</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>	
II. OTHER SIGNIFICANT CONDITIONS		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 <b>Dec 15, 1957</b> TO <b>Feb 10, 1958</b> , THAT I LAST SAW THE DECEASED <b>Feb 10, 1958</b> AND THAT DEATH OCCURRED AT <b>10:15 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <b>William E. Bishop</b>		22B. ADDRESS <b>Box 8 Globe, Arizona</b>		22C. DATE SIGNED <b>Feb 13, 1958</b>	
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)		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>Feb. 13, 1958</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Pinal Cemetery</b>	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Miami, Arizona</b>		26A. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. M...</b>		26B. ADDRESS	
26A. DATE REC. BY LOCAL REG. <b>2/18/58</b>		26B. REGISTRAR'S SIGNATURE <b>Paula Boyatz</b>		26C. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. M...</b>	
26D. EMBALMER'S SIGNATURE <b>L. H. M...</b>		26E. EMBALMER'S SIGNATURE <b>L. H. M...</b>		26F. EMBALMER'S CERT. NO. <b>2440</b>	