

CERTIFICATE OF DEATH

REGISTRAR'S NO. 641

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 38 Yrs 28 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED) IF INSTITUTION: RESIDENCE BEFORE ADMISSION: A. STATE Arizona B. COUNTY Gila	
C. CITY OR TOWN Globe		D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		C. CITY OR TOWN Globe	
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		E. STREET ADDRESS Central Heights		D. STREET ADDRESS Central Heights	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ira B. (MIDDLE) W. C. (LAST) Penney			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Nellie Dail		7. DATE OF BIRTH MONTH DAY YEAR 2 1 1874	8. AGE (IN YEARS) LAST BIRTHDAY 84 Yrs	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Carpenter	
9B. KIND OF BUSINESS OR INDUSTRY Bldg. Const	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas	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. 526-01-0137	
14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
16. INFORMANT'S SIGNATURE Welfare Files			ADDRESS Globe, Ariz	17. DATE OF DEATH (MONTH) (DAY) (YEAR) Mar. 9, 1958	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Arterio-sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 9 YEARS	
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B)			
3. IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C)			
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 **Jan. 1956** TO **Mar. 9 1958**, THAT I LAST SAW THE DECEASED ALIVE ON **March 9 1958** AND THAT DEATH OCCURRED AT **4:20 A.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22. SIGNATURE (DEGREE OR TITLE)
Alexander J. Bosse, M.D.

22B. ADDRESS
Stable

22C. DATE SIGNED
3-15-58

22A. ACCIDENT (SPECIFY) NATURAL CAUSE	22B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	22C. (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 checked="" 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 Mar. 15, 1958	25C. NAME OF CEMETERY OR CREMATORY Final Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.
26A. DATE REC. BY LOCAL REG. 3-17-58	26B. REGISTRAR'S SIGNATURE Gene Wansler	27A. FUNERAL DIRECTOR'S SIGNATURE W. H. M. M.	27B. ADDRESS Miami, Fla.
	28. EMBALMER'S SIGNATURE W. H. M. M.	28B. EMBALMER'S CERT. NO.	

Place of Death
AND Residence
Precedent
PERSONAL DATA
Cause of Death
Operations, Autopsy
Medical Certification
Death due to External Violence
Coroner's Certification
General Director and Registrar
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