

CERTIFICATE OF DEATH

BIRTH NO.

11 04  
E OF DEATH  
AND 38  
L RESIDENCE  
X-

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY <input checked="" type="checkbox"/> IN THIS TOWN IN ARIZONA <u>10 years 40 years</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u>	
C. CITY OR TOWN <u>Payson, Arizona</u>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Payson</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen. Del.</u>		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS <u>Gen. Del.</u>	
(IF RURAL, GIVE LOCATION)		E. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

PRECEDENT  
PERSONAL DATA  
467  
4  
358

3. NAME OF DECEASED (TYPE OR PRINT) <u>Tony Anthony Menges</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>Wh.</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
6B. NAME OF SPOUSE <u>Lennie Menges</u>			7. DATE OF BIRTH MONTH <u>4</u> DAY <u>23</u> YEAR <u>92</u>	8. AGE (IN YEARS) LAST BIRTHDAY <u>67</u>	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Miner</u>
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>1915</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>Yes World War I</u>		13. SOCIAL SECURITY NO. <u>626-07-377</u>	
14A. FATHER'S NAME <u>Peter J. Menges</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		15A. MOTHER'S MAIDEN NAME <u>Betsy Ann MacDonald</u>	
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>		15A. MOTHER'S MAIDEN NAME <u>Betsy Ann MacDonald</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	
16. INFORMANT'S SIGNATURE <u>Lennie Menges</u>			ADDRESS <u>Payson, Ariz.</u>		
17. DATE OF DEATH (MONTH) <u>3</u> (DAY) <u>29</u> (YEAR) <u>1958</u>					

332X  
CAUSE OF DEATH  
FEM 18)  
6  
RATIONS, TUPSY

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, ANEMIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Cerebral thrombosis</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		3. DUE TO (B): <u>Generalized arteriosclerosis</u>		4. DUE TO (C):			
5. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

EDICAL  
IFICATION  
DEATH DUE TO EXTERNAL VIOLENCE

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>12/1/57</u> TO <u>2/29/58</u> AND THAT DEATH OCCURRED AT <u>1:00 P</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <u>Paul B. Gilbert</u>		22B. ADDRESS <u>Payson, Arizona</u>		22C. DATE SIGNED <u>3/1/58</u>	
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.) <u>Home</u>		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Payson, Gila Arizona</u>	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>3/29/58 1:00 P.M.</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u>Sudden natural death.</u>	
24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED

NERAL DIRECTOR AND REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		25B. DATE <u>3/31/58</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Payson Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Payson, Arizona</u>	
26A. DATE REC. BY LOCAL REG. <u>4-8</u>		26B. REGISTRAR'S SIGNATURE <u>Edith Hathaway</u>		26A. FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		26B. ADDRESS <u>[Address]</u>	
27A. EMBALMER'S SIGNATURE <u>[Signature]</u>		27B. ADDRESS <u>[Address]</u>		27C. EMBALMER'S CERT. NO. <u>24417</u>			