

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE  
X-

PRECEDENT PERSONAL DATA  
3  
2  
139  
8  
358

CAUSE OF DEATH  
8334  
0  
0

OPERATIONS, STOSPY  
2  
98

DEATH DUE TO EXTERNAL VIOLENCE  
0

CORONER'S CERTIFICATION  
5  
GENERAL DIRECTOR AND REGISTRAR  
86  
2

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA ? ?		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF OF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Gila	
C. CITY OR TOWN Payson, Arizona		D. FULL NAME OF HOSPITAL OR INSTITUTION Pine, - Payson Road		C. CITY OR TOWN Pine		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) Luis Garcia Pizano		A. (FIRST)		B. (MIDDLE)		C. (LAST)	
4. SEX M		5. COLOR OR RACE Mex.		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (CHECK ONE) NEVER MARRIED			
6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH DAY YEAR 9 19 28		8. AGE (IN YEARS) LAST BIRTHDAY 29		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Labor	
9B. KIND OF BUSINESS OR INDUSTRY Branch maintenance		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico		11. CITIZEN OF WHAT COUNTRY? Mexico		12. WAS DECEASED EVER IN U. S. ARMED FORCES (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) unknown	
13. SOCIAL SECURITY 527 296-5604		14A. FATHER'S NAME Luis Abalos Garcia		14B. BIRTHPLACE (STATE OR COUNTRY) De Yavista Mex		15. BIRTHPLACE (STATE OR COUNTRY) Naco Mex	
16. INFORMANT'S SIGNATURE Alfred E. Randall		17. DATE OF DEATH (MONTH) (DAY) (YEAR) 3 7 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: MEDICAL CERTIFICATION Multiple fractures and internal injuries. DUE TO (A) Auto accident DUE TO (B) 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. INTERVAL BETWEEN ONSET AND DEATH Immediately		19. DATE OF OPERATION	
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 ALIVE ON... NEVER... TO... THAT I LAST SAW THE DECEASED... APPROX 8:00 P		22A. SIGNATURE Alfred E. Randall, M.D.		22B. ADDRESS Payson, Arizona		22C. DATE SIGNED 3/8/58	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Accident		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Street		23C. (CITY OR TOWN) (COUNTY) (STATE) Payson Gila Arizona			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 3/7/58 8:00 P		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? Thrown from auto.			
24A. CORONER'S SIGNATURE Calvin H. Greer		24B. ADDRESS Payson, Arizona		24C. DATE SIGNED 3/8/58			
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/>		25B. DATE 3-11-58		25C. NAME OF CEMETERY OR CREMATORY Naco, Mexico		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	
26A. DATE REC. BY LOCAL REG. 3-10-58		26B. REGISTRAR'S SIGNATURE G.M. Hathaway		27A. GENERAL DIRECTOR'S SIGNATURE Alfred E. Randall		27B. ADDRESS Naco, Mex	
28A. EMBALMER'S SIGNATURE Alfred E. Randall		28B. EMBALMER'S CERT. NO. 348-A					