

CERTIFICATE OF DEATH

BIRTH NO.

4 04  
E OF DEATH  
AND 98  
L RESIDENCE  
0201

1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN OR IN ARIZONA <b>2 yrs 16 mrs.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN <b>Globe</b>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gila General Hospital</b>				D. STREET ADDRESS <b>Payson</b>	
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PRECEDENT 9  
PERSONAL  
DATA 173  
X  
658

3. NAME OF DECEASED (TYPE OR PRINT) <b>Custoy A. Romer</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Unk.</b>
6B. NAME OF SPOUSE <b>Unknown</b>		7. DATE OF BIRTH MONTH DAY YEAR	8. AGE (IN YEARS) LAST BIRTHDAY <b>73 Yrs.</b>	9. UNDER 1 YEAR MONTHS DAYS	10. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Labourer.</b>
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Unknown</b>		11. CITIZEN OF WHAT COUNTRY? <b>Unknown</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>Unk.</b>	
13. FATHER'S NAME <b>Unknown</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>		15A. MOTHER'S MAIDEN NAME <b>Unknown</b>	
16. INFORMANT'S SIGNATURE <b>Welfare Files</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>June 17, 1958</b>		

4201  
CAUSE  
OF  
DEATH  
TEM 18)

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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>a few minutes</b>
2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B)		
3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C)		
PLACE DISEASE CONTRACTED.				

OPERATIONS,  
AUTOPSY 9

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 **on June 17 1958** THAT I LAST SAW THE DECEASED ALIVE ON **June 17 1958** AND THAT DEATH OCCURRED AT **6:05 P.M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE **William Protopapas** 22B. ADDRESS **Box 68 Globe Ariz** 22C. DATE SIGNED **6/29/58**

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

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) OF INJURY	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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GENERAL  
RECTOR  
AND  
REGISTRAR

25A. BURIAL OR CREMATION (REMOVAL) <input type="checkbox"/>	25B. DATE <b>June 21, 1958</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Pinal Cemetery</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Miami, Arizona.</b>
26A. DATE REC. BY LOCAL REG. <b>7-4-58</b>	26B. REGISTRAR'S SIGNATURE <b>Steve Mansel</b>	27A. FUNERAL DIRECTOR'S SIGNATURE	27B. ADDRESS <b>Wm. Roy</b>
28. EMBALMER'S SIGNATURE		28B. EMBALMER'S CERT. NO. <b>244</b>	

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