

CERTIFICATE OF DEATH

REGISTRAR'S NO. **683**

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Gila	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 30 yrs 30 yrs IN LIFE LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona	B. COUNTY Gila
		C. CITY OR TOWN Globe	<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
		D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Gila General Hospital	D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 354 Euclid ave

3. NAME OF DECEASED (TYPE OR PRINT) Virginia Ozark	A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX fe	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) divorced
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6B. NAME OF SPOUSE unknown	7. DATE OF BIRTH MONTH DAY YEAR Feb 29 1892	8. AGE (IN YEARS) LAST BIRTHDAY 66	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) housewife
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9B. KIND OF BUSINESS OR INDUSTRY housewife	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Greenwood, Ark	11. CITIZEN OF WHAT COUNTRY? U.S.A.	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. 527-45-4856
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14A. FATHER'S NAME unknown	14B. BIRTHPLACE (STATE OR COUNTRY) unknown	15A. MOTHER'S MAIDEN NAME unknown	15B. BIRTHPLACE (STATE OR COUNTRY) unknown
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16. INFORMANT'S SIGNATURE Gila County Welfare Board, Globe, Arizona	17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 24, 1958 at 7:10 a.m.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES WORSE CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	(A) <i>Massive pulmonary embolism</i>	<i>30 days</i>
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	DUE TO (B) <i>Thrombophlebitis of pt. leg.</i>	<i>10 days</i>
PLACE DISEASE CONTRACTED:	DUE TO (C) <i>-</i>		

19A. DATE OF OPERATION none	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 24, 1958 TO July 24, 1958 , THAT I LAST SAW THE DECEASED ALIVE ON July 24, 1958 , AND THAT DEATH OCCURRED AT 7:10 a. m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) <i>W. H. Harris M.D.</i>	22B. ADDRESS Globe, Arizona	22C. DATE SIGNED 7-25-58
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23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (accident)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
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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?
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24A. CORONER'S SIGNATURE <i>Walter White</i>	24B. ADDRESS Box 711 Globe, Ariz.	24C. DATE SIGNED 7-24-58
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25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE July 25, 1958	25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona
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26A. DATE REC. BY LOCAL REG. 7-26-58	26B. REGISTRAR'S SIGNATURE <i>James Walker</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>James Walker</i>	27B. ADDRESS Globe, Arizona
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1 OF DEATH AND RESIDENCE 2201
CEDENT 4
PERSONAL DATA 1/64
7 758
463X
CAUSE OF DEATH (EM 18)
AUTOPSY 2
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATIONS 5
GENERAL DIRECTOR AND REGISTRAR 2