ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5638

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 132

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY IN THIS TOWN: 15 yrs IN ARIZONA: 15 yrs
C. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 416-7th Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Douglas — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 416-7th St.
E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Jesus B. (MIDDLE) D. C. (LAST) Durazo
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Dolores Durazo
7. DATE OF BIRTH: MONTH Feb DAY 5 YEAR 1922
8. AGE (IN YEARS LAST BIRTHDAY): 36 — IF UNDER 1 YEAR: MONTHS DAYS — IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Plasterer
9B. KIND OF BUSINESS OR INDUSTRY: Self
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): no (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: 526-30-6566
14A. FATHER'S NAME: Gregorio Durazo
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Teodora Daniel
15B. BIRTHPLACE (STATE OR COUNTRY): Mexico
16. INFORMANT'S SIGNATURE: Mrs. Dolores Durazo — ADDRESS: Douglas, Ariz.
17. DATE OF DEATH: (MONTH) August (DAY) 7 (YEAR) 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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (A) Rheumatic Heart Desease — INTERVAL BETWEEN ONSET AND DEATH: Ten Yrs.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B):
DUE TO (C):
PLACE DISEASE CONTRACTED:
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3/16/ 19 56 TO 8/7/ 19 58 THAT I LAST SAW THE DECEASED ALIVE ON 8/7/ 19 58 AND THAT DEATH OCCURRED AT 6:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS: 447-10th St. Douglas, Ariz.
22C. DATE SIGNED: 8/8/58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE X (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): None
23C. (CITY OR TOWN) (COUNTY) (STATE): None
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M: None
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?: None

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Aug. 9, 1958
25C. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Arizona
26A. DATE REC.: Aug. 14, 58
26B. REGISTRAR'S SIGNATURE: [signature]
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: Douglas, Ariz.
28. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO.

FORM VS-2 REV. 2-15-55

12. 02 — E OF DEATH
AND 11
L RESIDENCE X -
1
3
ECEDENT 1
ERSONAL 36
DATA 8
8 58
416 X
CAUSE OF DEATH (ITEM 18) 6
0
ERATIONS, UTOPSY 4
MEDICAL TIFICATION 1 2
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION 1
UNERAL IRECTOR AND GISTRAR 16 2
115