ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6634

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2516

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: Life IN ARIZONA: Life
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maricopa County General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS: RR 3 B 1121
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Manuel
B. (MIDDLE):
C. (LAST): HERNANDEZ

4. SEX: Male
5. COLOR OR RACE: Mexican
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 9 DAY 6 YEAR 58
8. AGE (IN YEARS LAST BIRTHDAY): IF UNDER 1 YEAR MONTHS: DAYS 1 IF UNDER 24 HRS. HOURS: 1 MIN. 3
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED):
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY):
11. CITIZEN OF WHAT COUNTRY?:
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.:
14A. FATHER'S NAME: Gabriel Hernandez
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Martha Escobedo
15B. BIRTHPLACE (STATE OR COUNTRY): California
16. INFORMANT'S SIGNATURE: Martha Hernandez
ADDRESS:
17. DATE OF DEATH: (MONTH) SEPTEMBER (DAY) 7th (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.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Prematurity
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept. 6th, 19 58 TO Sept. 7th 19 58, THAT I LAST SAW THE DECEASED ALIVE ON Sept. 7th, 19 58, AND THAT DEATH OCCURRED AT 4:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] Bates MD — DEGREE OR TITLE
22B. ADDRESS: 3435 W. Durango, Phoenix, Ariz.
22C. DATE SIGNED: 9-9-58

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M:
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?:

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9/11/58
25C. NAME OF CEMETERY OR CREMATORY: Maricopa County Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tempe
26A. DATE REC. BY LOCAL REG.: 9/11/58
26B. REGISTRAR'S SIGNATURE: Bruce Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Duncan B. Evans - 20 - Ariz
27B. ADDRESS:
28. EMBALMER'S SIGNATURE: Duncan B. Evans 105 - Ariz.
28B. EMBALMER'S CERT. NO.:

FORM VS/2 REV. 3-15-55

7 E OF DEATH AND L RESIDENCE 0235
3 ECEDENT ERSONAL DATA 301 6 958
726X CAUSE OF DEATH TEM 18) 0 0
ERATIONS, UTOPSY 2
MEDICAL TIFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S TIFICATION
UNERAL IRECTOR AND EGISTRAR 85 2 0-