

CERTIFICATE OF DEATH

REGISTRAR'S NO. 702-

11 011
OF DEATH
AND 11
RESIDENCE
0201

PRECEDENT 3
PERSONAL
DATA 186

6
058
9040
CAUSE
OF
DEATH
ITEM 18)

OPERATIONS
AUTOPSY 2

MEDICAL
CERTIFICATION 7

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATIONS 5

GENERAL
DIRECTOR 17
AND
REGISTRAR 2

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY (IN THIS TOWN IN ARIZONA) <u>30 yrs</u> <u>30 yrs</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>			
C. CITY OR TOWN <u>Globe</u>		D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gila General Hospital</u>		C. CITY OR TOWN <u>Globe</u>		D. STREET ADDRESS <u>301 South First st.</u>	
3. NAME OF DECEASED A. (FIRST) <u>Mrs. Ella</u> B. (MIDDLE) <u>Y.</u> C. (LAST) <u>Meyer</u>			4. SEX <u>fe</u>		5. COLOR OR RACE <u>white</u>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>
6B. NAME OF SPOUSE <u>George C. Meyer, dec</u>		7. DATE OF BIRTH MONTH <u>Feb</u> DAY <u>3</u> YEAR <u>1872</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>86</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>housewife</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Mount Pleasant, Iowa</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATES OF SERVICE) <u>no</u>	
13. SOCIAL SECURITY NO. <u>unknown</u>		14A. FATHER'S NAME <u>(unknown) Carrigan</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Ireland</u>		15A. MOTHER'S MAIDEN NAME <u>(unknown) ONCIL</u>	
15B. BIRTHPLACE (STATE OR COUNTRY) <u>Ireland</u>		16. INFORMANT'S SIGNATURE (son-in-law) <u>W. E. Dwyer</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>October 12, 1958 at 2:00 a.m.</u>		
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.		19. MEDICAL CERTIFICATION D. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <u>Pulmonary Embolism</u> DUE TO (B) <u>Fractured hip</u> DUE TO (C) _____ E. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. F. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				20. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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 <u>Oct. 12, 1958</u> TO <u>Oct. 12, 1958</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Oct. 12, 1958</u> AND THAT DEATH OCCURRED AT <u>2:00 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <u>William O. Brin M.D.</u>		22B. ADDRESS <u>Globe, Arizona</u>		22C. DATE SIGNED <u>10-13-58</u>			
23A. ACCIDENT? (SPECIFY) <u>Natural</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>At home</u>		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Globe Gila Ariz</u>			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>10-10-58 1:00 P M</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u>Fell at home</u>			
24A. CORONER'S SIGNATURE <u>John White</u>		24B. ADDRESS <u>Globe, Arizona</u>		24C. DATE SIGNED <u>10-13-58</u>			
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>Oct 13, 1958</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Beaver City, Nebraska</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Beaver City, Nebraska</u>	
26A. DATE REC. BY LOCAL REG. <u>11-17-58</u>		26B. REGISTRAR'S SIGNATURE <u>James Nevala</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Gene James</u>		27B. ADDRESS <u>Globe, Arizona</u>	
28A. EMBALMER'S SIGNATURE <u>Gene James</u>		28B. EMBALMER'S CERT. NO. <u>#323</u>					