ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7739

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY IN THIS HOSPITAL OR INSTITUTION: 1920 to 1920
C. CITY OR TOWN: Willcox — X IN CITY LIMITS — O OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Willcox Municipal Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Cochise — O IN CITY LIMITS — X OUTSIDE CITY LIMITS
D. STREET ADDRESS: Rural
E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES O NO O

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Callie B. (MIDDLE) C. (LAST) Miller
4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: G. L. Miller
7. DATE OF BIRTH: MONTH July DAY 18 YEAR 1869
8. AGE (IN YEARS LAST BIRTHDAY): 89
IF UNDER 1 YEAR: MONTHS 4 DAYS 7
IF UNDER 24 HRS.: HOURS ---- MIN. ----
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Housewife
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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): ----
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Frank Dulainey ?
14B. BIRTHPLACE (STATE OR COUNTRY): ?
15A. MOTHER'S MAIDEN NAME: ? Young
15B. BIRTHPLACE (STATE OR COUNTRY): ?
16. INFORMANT'S SIGNATURE: O. L. Miller — ADDRESS: Willcox Ariz
17. DATE OF DEATH (MONTH) November (DAY) 25, (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) Old Age.
DUE TO (B) Hypertensive heart. dis
DUE TO (C) arteriosclerosis

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES O NO X

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/12, 1958 TO 11/25, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 11/25, 1958 AND THAT DEATH OCCURRED AT 11:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) M. D.
22B. ADDRESS: Willcox, Arizona
22C. DATE SIGNED: Nov. 25, 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 O NOT WHILE AT WORK O
23F. HOW DID INJURY OCCUR?

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

25A. BURIAL O CREMATION O REMOVAL X
25B. DATE: Nov 28, 58
25C. NAME OF CEMETERY OR CREMATORY: Portal Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Portal, Arizona
26A. DATE REC. BY LOCAL REG.: 11-28-58
26B. REGISTRAR'S SIGNATURE: Mrs John Chilson, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: Willcox, Ariz.
28. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO. 338

FORM VS-2 REV. 3-15-55

2 03 E OF DEATH
6 AND 98 L RESIDENCE
407
2
ECEDENT 3
ERSONAL DATA 187
7
X58
4113 X CAUSE OF DEATH (ITEM 18) 6
ERATIONS, UTOPSY 0 2
EDICAL TIFICATION 4 1
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION 1
UNERAL IRECTOR AND GISTRAR 12 2
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