

CERTIFICATE OF DEATH

REGISTRAR'S NO.

715

4 011  
E OF DEATH  
7 AND 9  
L RESIDENCE  
X-

BIRTH NO.		1. PLACE OF DEATH A. COUNTY GILA		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 36 yrs 35 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED IF INSTITUTION, RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA B. COUNTY GILA	
C. CITY OR TOWN GLOBE		Q. IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN GLOBE		Q. 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) 341 EUDCLID (HOME)				D. STREET ADDRESS 341 EUDCLID			

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DECEDENT  
PERSONAL  
DATA 1/6/58

3. NAME OF DECEASED (TYPE OR PRINT) STEVE MONICK			4. SEX MALE		5. COLOR OR RACE WHITE		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NEVER MARRIED		
6B. NAME OF SPOUSE NEVER MARRIED			7. DATE OF BIRTH MONTH DAY YEAR 9 15 1892		8. AGE (IN YEARS LAST BIRTHDAY) 66		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) LABOR		
9B. KIND OF BUSINESS OR INDUSTRY OUTRAN PICKER		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Czechoslovakia		11. CITIZEN OF WHAT COUNTRY? Czechoslovakia		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. 558-01-5609	
14A. FATHER'S NAME RODENT SOSTENON			14B. BIRTHPLACE (STATE OR COUNTRY) Czechoslovakia		15A. MOTHER'S MAIDEN NAME PRESOV STOLYZA			15B. BIRTHPLACE (STATE OR COUNTRY) Czechoslovakia	
16. INFORMANT'S SIGNATURE Gila Welfare Dept., Globe, Arizona					17. DATE OF DEATH (MONTH) (DAY) (YEAR) NOVEMBER 28 1958				

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X 58  
9165  
CAUSE OF DEATH  
ITEM 18

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		(A) aphyxiation			sustant	
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B) Crushed chest			"	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C) Eplision			"	
PLACE DISEASE CONTRACTED.						

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-28, 1958 TO 11-28, 1958 THAT I LAST SAW THE DECEASED ALIVE ON 11-28, 1958, AND THAT DEATH OCCURRED AT 10:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE George G. Clark, M.D.		22B. ADDRESS 392 E. Seymour		22C. DATE SIGNED 11-29-58	

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE accident		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Private		23C. (CITY OR TOWN) (COUNTY) (STATE) Globe, Gila, Ariz.	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY Nov 28 58 10:00		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? Eplision, Gun	

DRONER'S CERTIFICATION

24A. CORONER'S SIGNATURE Lloyd Smith		24B. ADDRESS Box 811 Globe, Ariz.		24C. DATE SIGNED 12-1-58	
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GENERAL DIRECTOR AND REGISTRAR

25A. SERIAL CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Dec 2 1958		25C. NAME OF CEMETERY OR CREMATORY Globe Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona	
26A. DATE REC. BY LOCAL REC. 12-1-58		26B. REGISTRAR'S SIGNATURE James W. Paralle		27A. GENERAL DIRECTOR'S SIGNATURE Frank H. Kelly		27B. ADDRESS 70-205 Mortuary	
		28. EMBALMER'S SIGNATURE Frank H. Kelly		28B. EMBALMER'S CERT. NO. 248-A-1			

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