

CERTIFICATE OF DEATH

REGISTRAR'S NO. ~~712~~ 712

1 OF DEATH
AND 08
L RESIDENCE
X-

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|--------------------------------------------|--|---------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH A. COUNTY <u>Gila</u> | | B. LENGTH OF STAY (IN THIS TOWN) IN ARIZONA <u>1 day</u> life | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED IF INSTITUTION, RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> | |
| C. CITY OR TOWN <u>Globe</u> | | D. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles West Globe Highway 70</u> | | E. STREET ADDRESS (IF BURAL, GIVE LOCATION) <u>35 A. Chase Creek</u> | |

PRECEDENT
PERSONAL
DATA
12/1
0
X58

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|------------------------------------------------------------------|--|-------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------|--|
| 3. NAME OF DECEASED (TYPE OR PRINT) <u>Eufrazio D. Montez</u> | | | 4. SEX <u>male</u> | | 5. COLOR OR RACE <u>white</u> | | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>married</u> | | |
| 8B. NAME OF SPOUSE <u>Theresa M. Montez</u> | | 7. DATE OF BIRTH MONTH DAY YEAR <u>Mar 13 1929</u> | | 8. AGE (IN YEARS) LAST BIRTHDAY <u>29</u> | | 9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>laborer-copper mining</u> | | | |
| 9B. KIND OF BUSINESS OR INDUSTRY <u>copper mining</u> | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</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, WAR OR DATES OF SERVICE) <u>Yes... Korean War</u> | | 13. SOCIAL SECURITY NO. <u>526-36-0954</u> | |
| 14A. FATHER'S NAME <u>Francisco C. Montez</u> | | | 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u> | | 15A. MOTHER'S MAIDEN NAME <u>Clara Dominguez</u> | | | 15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u> | |
| 16. INFORMANT'S SIGNATURE (specify) <u>Theresa Montez</u> | | | | ADDRESS <u>Clifton Arizona</u> | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Nov 7, 1958 11/ab</u> | | | |

8234
CAUSE
OF
DEATH
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| 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. PLACE DISEASE CONTRACTED. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) <u>Crushing injury of chest and head</u> | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u> | |
| ANTECEDENT CAUSES GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. | | II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | | DUE TO (B) | | | |
| DUE TO (C) | | | | | | | |

OPERATIONS
AUTOPSY

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|------------------------|--|----------------------------------|--|------------------------------------------------------------------------------------|--|
| 18A. DATE OF OPERATION | | 18B. 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 11/8/58 TO 11/8/58, THAT I LAST SAW THE DECEASED ALIVE ON 11/8/58 AND THAT DEATH OCCURRED AT 11/8/58 FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE)
William Bishop M.D.

22B. ADDRESS
1118 N. 1st St. Globe, Arizona

22C. DATE SIGNED
11-8-58

DEATH
DUE TO
EXTERNAL
VIOLENCE

| | | | | | |
|------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|
| 23A. ACCIDENT (SPECIFY) <u>Accident</u> | | 23B. PLACE OF INJURY (I.E., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Highway 70</u> | | 23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Globe Gila Arizona</u> | |
| 23D. TIME (MONTH) (DAY) (YEAR) (HOUR) <u>Nov 7 1958 11:00</u> | | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 23F. HOW DID INJURY OCCUR? <u>Auto accident</u> | |

DRONER'S
CERTIFICATION

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|-------------------------------------------------|--|--------------------------------------------|--|------------------------------------|--|
| 24A. CORONER'S SIGNATURE <u>Robert Shute</u> | | 24B. ADDRESS <u>Box 911 Globe, Ariz</u> | | 24C. DATE SIGNED <u>11-9-58</u> | |
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UNERAL
DIRECTOR
AND
GISTRAR

| | | | | | | | |
|----------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|----------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| 25A. BURIAL <input type="checkbox"/> CREMATION (REMOVAL) <input checked="" type="checkbox"/> | | 25B. DATE <u>Nov 8, 1958</u> | | 25C. NAME OF CEMETERY OR CREMATORY <u>San Jose Cemetery</u> | | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe Arizona</u> | |
| 26A. DATE REC. BY LOCAL REC. <u>11-8-58</u> | | 26B. REGISTRAR'S SIGNATURE <u>Dress Manuel</u> | | 26C. FUNERAL DIRECTOR'S SIGNATURE <u>James Walker</u> | | 27B. ADDRESS <u>Globe Arizona</u> | |
| | | 28. EMBALMER'S SIGNATURE <u>Prof. Weckert</u> | | 28B. EMBALMER'S CERT. NO. <u>1323</u> | | | |