ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 37801

**1. PLACE OF DEATH**
A. COUNTY: Greenlee
B. LENGTH OF STAY: IN THIS TOWN 45 yrs; IN ARIZONA 45 yrs
C. CITY OR TOWN: Morenci — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Morenci Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Greenlee
C. CITY OR TOWN: Morenci — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: ~~D 29 Nice~~ Box 134 Morenci 29 D. Nice (IF RURAL, GIVE LOCATION)

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) Angela B. (MIDDLE) ---- C. (LAST) Moschetto
**4. SEX:** F
**5. COLOR OR RACE:** white
**6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Widowed
**6B. NAME OF SPOUSE:** (deceased)
**7. DATE OF BIRTH:** MONTH June DAY 29 YEAR 1879
**8. AGE** (IN YEARS LAST BIRTHDAY): 79 years — IF UNDER 1 YEAR: MONTHS / DAYS — 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:** Home
**10. BIRTHPLACE** (STATE OR FOREIGN COUNTRY): Italy
**11. CITIZEN OF WHAT COUNTRY?:** Italy
**12. WAS DECEASED EVER IN U. S. ARMED FORCES?** (YES, NO, OR UNKNOWN): No — (IF YES, WAR OR DATES OF SERVICE)
**13. SOCIAL SECURITY NO.:** None
**14A. FATHER'S NAME:** Basilio Versino
**14B. BIRTHPLACE** (STATE OR COUNTRY): Italy
**15A. MOTHER'S MAIDEN NAME:** Maria Viretto
**15B. BIRTHPLACE** (STATE OR COUNTRY): Italy
**16. INFORMANT'S SIGNATURE:** Felix L. Barra — ADDRESS: Box 134 Morenci
**17. DATE OF DEATH** (MONTH) (DAY) (YEAR): 11-12-58

**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) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years.
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.

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

**21.** I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Aug 1958 TO Nov 12 1958, THAT I LAST SAW THE DECEASED ALIVE ON 11-12-58, AND THAT DEATH OCCURRED AT 11:30 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
**22A. SIGNATURE** (DEGREE OR TITLE): Carl A. Jans M.D. — **22B. ADDRESS:** Morenci, Arizona — **22C. DATE SIGNED:** 11-13-58

**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?

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

**25A. BURIAL** ☒ CREMATION ☐ REMOVAL ☐ — **25B. DATE:** Nov. 17, 1958 — **25C. NAME OF CEMETERY OR CREMATORY:** Fraternal Cemetery — **25D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE): Morenci, Arizona
**26A. DATE REC. BY LOCAL REG.:** 11-15-58 — **26B. REGISTRAR'S SIGNATURE:** Guy Stillbert — **27A. FUNERAL DIRECTOR'S SIGNATURE:** Arthur L. Lewellen — **27B. ADDRESS:** Clifton, Ariz.

FORM VS-2 REV. 6-1-58 AMPCO 37509