

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

8616
237

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY (IN THIS TOWN) IN ARIZONA <input type="checkbox"/> 6 Mos <input checked="" type="checkbox"/> 15 Mos		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Gila	
C. CITY OR TOWN Miami		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Miami		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Midland City				D. STREET ADDRESS Midland City		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Robert B. (MIDDLE) A. C. (LAST) Michaelson			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Doris Michaelson		7. DATE OF BIRTH MONTH 1 DAY 1 YEAR 1924	8. AGE (IN YEARS LAST BIRTHDAY) 34 Yrs	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Radio Repairman	
8B. KIND OF BUSINESS OR INDUSTRY Repair Shop	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wisconsin	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes WWII	13. SOCIAL SECURITY NO. 390-16-1002	
14A. FATHER'S NAME Clarence Gable		14B. BIRTHPLACE (STATE OR COUNTRY) Wisconsin	15A. MOTHER'S MAIDEN NAME Rosa Stewart		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
16. INFORMANT'S SIGNATURE <i>Robert W. Michaelson</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) Dec. 6, 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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.	18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH (Sudden Death)
	E. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Bullet wound - vt. temple to left parietal lobe -		DUE TO (A) — DUE TO (B) — DUE TO (C) —		
F. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		H. OTHER SIGNIFICANT 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, IS _____ TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____, _____, _____, FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <i>J. E. Jacobs</i>		22B. ADDRESS Miami, Ariz		22C. DATE SIGNED 12/7/58
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Suicide		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Street		23C. (CITY OR TOWN) (COUNTY) (STATE) Midland City Gila, Ariz
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY Dec 6 1958 10:00 PM		23E. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? Bullet Wound

24A. CORONER'S SIGNATURE <i>John Carpenter</i>		24B. ADDRESS Miami, Ariz		24C. DATE SIGNED 12-8-58
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25A. BURIAL OR CREMATION (REMOVAL) <input checked="" type="checkbox"/>	25B. DATE Dec 8, 1958	25C. NAME OF CEMETERY OR CREMATORY Ladygret, Midland	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Midland, Gila, Ariz
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26A. DATE REC'D Dec 9 1958	26B. REGISTRAR'S SIGNATURE <i>D. Brinson</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>W. J. ...</i>	27B. ADDRESS ...
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28. EMBALMER'S SIGNATURE <i>...</i>	28B. EMBALMER'S CERT. NO. ...
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104 OF DEATH AND RESIDENCE
CEDENT
PERSONAL DATA
7
V58
176X
CAUSE OF DEATH
EM 18
LATIONS, TOSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
GENERAL DIRECTOR AND REGISTRAR
101