ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 9380 1568

BIRTH NO.

14 14 OF DEATH 5 AND 32 AL RESIDENCE 0266

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY: IN THIS TOWN 77 yrs; IN ARIZONA 77 yrs
C. CITY OR TOWN: Prescott — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yavapai County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Prescott — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 418 Prospect (IF RURAL, GIVE LOCATION)
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

4 DECEDENT 3 PERSONAL DATA 190 4 V58

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Angelina B. (MIDDLE) Eloisa C. (LAST) Monreal
4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: decd.
7. DATE OF BIRTH: MONTH 12 DAY 1 YEAR 1868
8. AGE (IN YEARS LAST BIRTHDAY): 90 — 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: own home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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: Lucas Contreras
14B. BIRTHPLACE (STATE OR COUNTRY): California
15A. MOTHER'S MAIDEN NAME: Oriola Del Castro
15B. BIRTHPLACE (STATE OR COUNTRY): California
16. INFORMANT'S SIGNATURE: Diego Monreal, Prescott, Arizona — ADDRESS
17. DATE OF DEATH: (MONTH) December (DAY) 14 (YEAR) 1958

4200 CAUSE OF DEATH 0 (ITEM 18) 0

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Myocardial [illegible] Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension — 10 yrs.
DUE TO (C) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Left hemiplegia — Fractured left hip — 1 mo.

PLACE DISEASE CONTRACTED

OPERATIONS, AUTOPSY 2

19A. DATE OF OPERATION: 9 Dec 1958
19B. MAJOR FINDINGS OF OPERATION: Fracture [illegible] left hip
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION 4 5

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 9, 1958 TO Dec. 14, 1958, THAT I LAST SAW THE DECEASED ALIVE ON Dec. 14, 1958, AND THAT DEATH OCCURRED AT 12:30 P. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS: Prescott, Arizona
22C. DATE SIGNED: 15 Dec 1958

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?

CORONER'S CERTIFICATION

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

FUNERAL DIRECTOR AND REGISTRAR 4 1

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 12-17-58
25C. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prescott, Arizona
26A. DATE REC. BY LOCAL REG. DEC 17 1958
26B. REGISTRAR'S SIGNATURE: [signature] - Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: L. W. Ruffner
27B. ADDRESS: Prescott, Arizona
28. EMBALMER'S SIGNATURE: G.M. Collins
28B. EMBALMER'S CERT. NO.: 384-A

177 FORM VS-2 REV. 3-15-55