ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6618

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 216

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY — IN THIS TOWN: DOA — IN ARIZONA: DOA
C. CITY OR TOWN: Yuma — X IN CITY LIMITS — OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Parkview Hospital DOA

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Alonzo B. (MIDDLE) M. C. (LAST) Bejarano Jr.
4. SEX: M.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: Aug DAY: 8 YEAR: 1943
8. AGE (IN YEARS LAST BIRTHDAY): 16 — 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): School
9B. KIND OF BUSINESS OR INDUSTRY: Student
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
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: Alonzo Bejarano Sr.
14B. BIRTHPLACE (STATE OR COUNTRY): Mexico
15A. MOTHER'S MAIDEN NAME: Nellie Martinez
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Alonzo Bejarano Sr. ADDRESS: Winterhaven, California
17. DATE OF DEATH (MONTH) August (DAY) 28 (YEAR) 1959

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (A) Cerebral laceration — INTERVAL BETWEEN ONSET AND DEATH: instant.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Gun shot wound head — instant.

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: 8/29/59
19B. MAJOR FINDINGS OF OPERATION: as above - simple post mortem
20. AUTOPSY? YES ☐ NO X

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Never TO ____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT 10:20P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Carl M. Bergs (DEGREE OR TITLE) MD
22B. ADDRESS: Yuma Ariz.
22C. DATE SIGNED: 8/29/59

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Suicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): At Home
23C. (CITY OR TOWN) (COUNTY) (STATE): Winterhaven, Imperial, Calif
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 8-28-59 Appr. 8:30P
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK X
23F. HOW DID INJURY OCCUR? self inflicted gunshot wound

24A. CORONER'S SIGNATURE: Earl E. Byrd Coroner
24B. ADDRESS: Yuma - Arizona
24C. DATE SIGNED: 8-31-59

25A. BURIAL X CREMATION ☐ REMOVAL ☐
25B. DATE: 8-31-59
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona

26A. DATE REC. BY LOCAL REG.: 8-31-59
26B. REGISTRAR'S SIGNATURE: Marie Nelson
27A. FUNERAL DIRECTOR'S SIGNATURE: R E Johnson
27B. ADDRESS: Yuma Ariz
28A. EMBALMER'S SIGNATURE: R E Johnson
28B. EMBALMER'S CERT. NO.: 246A

FORM VS-2 REV. 3-15-55 — 15M AMPCO 22509