ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 10594

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 195

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY — IN THIS TOWN: | IN ARIZONA: Life
C. CITY OR TOWN: Sacaton — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5 W. Sacaton USIS #1

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Salt River — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): —

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) [illegible] B. (MIDDLE) [illegible] C. (LAST) [illegible]

4. SEX: [illegible]

5. COLOR OR RACE: [illegible]

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: [illegible] Manuel

7. DATE OF BIRTH — MONTH: 6 DAY: 29 YEAR: 34

8. AGE (IN YEARS LAST BIRTHDAY): [illegible] — 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: Gov. House

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): [illegible]

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.: Unknown

14A. FATHER'S NAME: [illegible]

14B. BIRTHPLACE (STATE OR COUNTRY): [illegible]

15A. MOTHER'S MAIDEN NAME: [illegible]

15B. BIRTHPLACE (STATE OR COUNTRY): [illegible]

16. INFORMANT'S SIGNATURE — ADDRESS: Arnold Eschief - Salt River, Arizona

17. DATE OF DEATH — (MONTH): December (DAY): 31 (YEAR): 1960

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) Motor vehicle accident — INTERVAL BETWEEN ONSET AND DEATH: immediate

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 ____ 19__ TO ____ 19__ THAT I LAST SAW THE DECEASED ALIVE ON ____ 19__ AND THAT DEATH OCCURRED AT~~ 8:00 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE — (DEGREE OR TITLE): [illegible] MD

22B. ADDRESS: PHS Indian Hospital, Sacaton

22C. DATE SIGNED: 1/3/60

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Auto Accident

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway USIS #1

23C. (CITY OR TOWN) (COUNTY) (STATE): Sacaton, Pinal, Arizona

23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 12-31-60 12:00 noon M

23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?: Thrown out of vehicle.

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

25B. DATE: 1-4-60

25C. NAME OF CEMETERY OR CREMATORY: Salt River Cemetery

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Salt River

26A. DATE REC. BY LOCAL REG.: 1-20-61

26B. REGISTRAR'S SIGNATURE: [illegible]

27A. FUNERAL DIRECTOR'S SIGNATURE: L. M. Matenson

27B. ADDRESS: [illegible]

FORM VS-2 REV. 6-1-53 AMPCO 6-54 15M 79573