PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8317

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 192

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY Cochise
B. LENGTH OF STAY IN THIS TOWN 50 yrs. IN ARIZONA 50 yrs.
C. CITY OR TOWN Douglas ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Cochise Co. Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Arizona
B. COUNTY Cochise
C. CITY OR TOWN Douglas ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 645 15th
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Manuela B. (MIDDLE) Hernandez C. (LAST)
4. SEX Female
5. COLOR OR RACE White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced
6B. NAME OF SPOUSE
7. DATE OF BIRTH MONTH 10 DAY 17 YEAR 04
8. AGE (IN YEARS LAST BIRTHDAY) 57 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
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mexico
11. CITIZEN OF WHAT COUNTRY? U. S.
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 Jose Ballesteros
14B. BIRTHPLACE (STATE OR COUNTRY) Mexico
15A. MOTHER'S MAIDEN NAME Gregonia Jaramillio
15B. BIRTHPLACE (STATE OR COUNTRY) Mexico
16. INFORMANT'S SIGNATURE Cochise County Hospital Records ADDRESS
17. DATE OF DEATH (MONTH) 10 (DAY) 27 (YEAR) 61

CAUSE OF DEATH (ITEM 18)

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) Pneumonia Bilateral — INTERVAL BETWEEN ONSET AND DEATH 3 weeks.
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.

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10/17, 19 61 TO 10/27, 19 61 THAT I LAST SAW THE DECEASED ALIVE ON 10/27, 19 61 AND THAT DEATH OCCURRED AT 11:50P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE) L. E. Montgomery M.D.
22B. ADDRESS Douglas
22C. DATE SIGNED 10/31/61

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE 10-31-61
25C. NAME OF CEMETERY OR CREMATORY Calvary
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Arizona
26A. DATE REC'D BY LOCAL REG. Oct. 31 61
26B. REGISTRAR'S SIGNATURE E. W. Adamson
27A. FUNERAL DIRECTOR'S SIGNATURE Curtis Fay
27B. ADDRESS Douglas, Ariz.
28A. EMBALMER'S SIGNATURE Curtis Fay
28B. EMBALMER'S CERT. NO. 321

FORM VS-2 REV. 8-9-60 - 25M 18