

CERTIFICATE OF DEATH

REGISTRAR'S NO.

8689355

PUNCHED
SERIALIZED
BIRTH NO.

| | | | | | | | | | | | | | | |
|--|---|--|---|--|---|---|--|--|---|--|---|---|---|--|
| PLACE OF DEATH A. COUNTY Maricopa | B. LENGTH OF STAY IN THIS TOWN 39 yrs | | IN ARIZONA 81 yrs | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) | | | | | | | | | |
| | C. CITY OR TOWN Phoenix | | | | A. STATE Arizona | | | | | | | | | |
| | D. FULL NAME OF HOSPITAL OR INSTITUTION Arizona State Hospital | | | | C. CITY OR TOWN Phoenix | | B. COUNTY Maricopa | | | | | | | |
| 3. NAME OF DECEASED (TYPE OR PRINT) FRANCISCA | | | A. (FIRST) VILLANUEVA | | B. (MIDDLE) TERAN | | C. (LAST) F | | 4. SEX Caucasian | | 5. COLOR OR RACE Married | | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | |
| 6B. NAME OF SPOUSE Francisco Teran | | | 7. DATE OF BIRTH MONTH DAY YEAR 2 12 1880 | | 8. AGE (IN YEARS LAST BIRTHDAY) 81 | | 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 Home | | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona | | 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 Manuel Villanueva | | | 14B. BIRTHPLACE (STATE OR COUNTRY) Mexico | | 15A. MOTHER'S MAIDEN NAME Refugio Celaya | | | 15B. BIRTHPLACE (STATE OR COUNTRY) Mexico | | | | | | |
| 16. INFORMANT'S SIGNATURE Arizona State Hospital Records | | | | | | ADDRESS | | | | | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) October 1, 1961 | | |
| 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. PLACE DISEASE CONTRACTED. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Bronchopneumonia DUE TO (B) Arteriosclerotic Heart Disease DUE TO (C) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days Unknown Unknown | | |
| 19A. DATE OF OPERATION | | | 19B. MAJOR FINDINGS OF OPERATION | | | | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-28-60 TO 10-1-61, THAT I LAST SAW THE DECEASED ALIVE ON 10-1-61, AND THAT DEATH OCCURRED AT 7:25 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | | | | | | | | | | | | | |
| 22A. SIGNATURE <i>Lawrence Wick</i> | | | (DEGREE OR TITLE) M.D. Director | | | 22B. ADDRESS 2500 East Van Buren, Phoenix | | | 22C. DATE SIGNED 10-2-61 | | | | | |
| 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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M | | | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 23F. HOW DID INJURY OCCUR? | | | | | | | | |
| 24A. CORONER'S SIGNATURE | | | | | | 24B. ADDRESS | | | | | | 24C. DATE SIGNED | | |
| 25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | | | 25B. DATE 10-4-61 | | | 25C. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery | | | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona | | | | | |
| 26A. DATE REC. BY LOCAL REG. 10/3/61 | | | 26B. REGISTRAR'S SIGNATURE <i>Paula J. Luster</i> | | | 27A. FUNERAL DIRECTOR'S SIGNATURE <i>L. M. Mortensen</i> | | | 27B. ADDRESS Phoenix, Arizona | | | | | |
| 28A. EMBALMER'S SIGNATURE <i>W. E. Pope</i> | | | | | | 28B. EMBALMER'S CERT. NO. 401A | | | | | | | | |