STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

# ARIZONA STATE DEPARTMENT OF HEALTH
## DIVISION OF VITAL STATISTICS

2530

State File No.
Registrar's No. 180 E

1. Place of Death: (a) County Yavapai (b) City or Town Prescott (If outside city limits also write RURAL) (c) Location Yav. Co. Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 day; In Community 45 yrs; In Arizona 62 yrs (Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Yavapai; (c) City or Town Prescott (If outside city limits also write RURAL)

(d) Street No. Old Ball Park; (e) Citizen of foreign country (Yes or No) No; If Yes, which country

3. (a) FULL NAME JUAN MENDIBLES (b) If veteran name war none (c) Social Security No. unknown

4. Sex: Male

5. Race: White [X] Indian [ ] Negro [ ] Oriental [ ]

6. (a) Single, married, widowed or divorced: Married

6. (b) Name of husband or wife: Elvira Mendibles

6. (c) Age of husband or wife, if alive 58 yrs.

7. Birthdate of deceased May (Month) 18, (Day) 1885 (Year)

8. AGE: Years 62 Months 10 Days 28 If less than one day hrs. min.

9. Birthplace Phoenix (City, town or county) Arizona (State or Country)

10. Usual Occupation Sheepherder

11. Industry or Business Sheep Raising

Father
12. Name Jesus Mendibles
13. Birthplace unknown (City, town or county) Old Mexico (State or Country)

Mother
14. Maiden Name Isabelle Vedial
15. Birthplace unknown (City, town or county) Old Mexico (State or Country)

16. (a) Informant's own signature John Mendibles
(b) Address Box 725, Prescott, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Prescott, Ariz (c) Date 4-20 19 48

18. (a) Embalmer's Signature Lester Ruffner
(b) Funeral Director Lester Ruffner
(c) Address Prescott, Arizona

19. (a) April 23, 1948 (Date received Local Registrar)
(b) [signature] (Registrar's Signature)

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## MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 16, 19 48;
TIME (Hour and minute) about 8:08 A. M.

21. I hereby certify that I attended the deceased from April 15, 1948 to April 16, 1948; that I last saw him alive on April 15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — DURATION 1 hr.

Due to Scaly & Chronic Myocarditis — unknown

Due to Bronchial Pneumonia — 3 weeks

Other conditions (Include pregnancy within three months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. E. Yount, Jr. M. D.
Address Prescott, Ariz Date signed 4-19-48