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ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**  
STATE FILE NO. **1256**  
REGISTRAR'S NO. **18**

06 PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Greenlee</b>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Greenlee</b>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Morenci</b>			C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Morenci</b>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) HOSPITAL OR INSTITUTION <b>AC Hill</b>			D. STREET ADDRESS <b>AC Hill</b>		
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED A. (FIRST) <b>SANTOS</b> B. (MIDDLE) <b>PADILLA</b> C. (LAST) <b>PROVENCIO</b>			4. SEX <b>Female</b>		5. COLOR OR RACE <b>white</b>
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>11</b> DAY <b>2</b> YEAR <b>1874</b>		8. AGE YEARS <b>75</b> MONTHS <b>4</b> DAYS <b>22</b>	
	9B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>New Mexico</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
	11A. FATHER'S NAME <b>Jose Maria Padilla</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>New Mexico</b>		15. MOTHER'S MAIDEN NAME <b>Rafala Griego</b>	
	16. INFORMANT'S SIGNATURE <i>Emilio P. Provencio Llanocanis</i>			17. DATE OF DEATH (MONTH) <b>March</b> (DAY) <b>24</b> (YEAR) <b>1949</b>		
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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>chronic myocarditis, myocard. degen.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 mo.</b>
				ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>arteriosclerosis</b>		<b>years.</b>
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
DEATH DUE TO EXTERNAL INFLUENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>March 19 49</b> TO <b>March 24 49</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>March 23 19 49</b> AND THAT DEATH OCCURRED AT <b>EA</b> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL CORONER'S CERTIFICATION	23A. SIGNATURE <i>Arthur E. Engelder M.D.</i>		23B. ADDRESS <b>Morenci Ariz</b>		23C. DATE SIGNED <b>March 24 49</b>	
	24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>March 26 49</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Dunean</b>	
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <b>3-24-49</b>		25B. REGISTRAR'S SIGNATURE <i>Luis Brudland</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>J. J. Morrison, Clintonville</i>	