

1482

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 561.0 STATE FILE NO. Dr. Tuckey 1002
CERTIFICATE OF DEATH REGISTRAR'S NO. 68

1215 13 ND 3207 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>FINAL</u>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>ARIZ.</u> B. COUNTY <u>FINAL</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <u>Toltec.</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>2yrs. 2044</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <u>Toltec</u>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>FINAL General Hosp</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Flintstone 17th</u>		
	3. NAME OF DECEASED (TYPE OR PRINT) <u>Grundy SAUAGUE</u>			4. SEX <u>M.</u>		5. COLOR OR RACE <u>W.</u>
IDENT 1 ONAL ATA 137 4 849	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>JAN</u> DAY <u>12</u> YEAR <u>1912</u>		8. AGE YEARS <u>37</u> MONTHS <u></u> DAYS <u></u>	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Cotton Picker</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO.	
	9B. KIND OF BUSINESS OR INDUSTRY <u>FARM LABOR</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>OKLA.</u>		11. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
	14A. FATHER'S NAME <u>Richard SAUAGUE</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>OKLA.</u>		15A. MOTHER'S MAIDEN NAME <u>Peach Teden</u>	
16. INFORMANT'S SIGNATURE <u>BILL SAUAGUE, Elroy - Gen Sec</u>			17. DATE OF DEATH (MONTH) <u>Aug</u> (DAY) <u>11</u> (YEAR) <u>49</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>OKLA.</u>	
CAUSE OF DEATH (M 18) 10	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 CONTRACTIONS.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>1. Hepatic Cirrhosis</u> <u>2. Emphysema Thoracic</u> <u>cause undetermined</u> DUE TO (c) <u>cause undetermined</u> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	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)	
ATH TO RNAL ENCE	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 <u>1 Apr 49</u> TO <u>11 Aug 49</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>11 Aug 49</u> AND THAT DEATH OCCURRED AT <u>8:15 PM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
ICAL ONER'S ICATION	23A. SIGNATURE <u>W. P. Tucker M.D.</u>		23B. ADDRESS <u>7 Lawrence Ave</u>		23C. DATE SIGNED <u>11 Aug 49</u>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Aug 15</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Valley Memorial Park</u>	
ERAL CTOR ND TRAR	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Coolidge</u>		25A. DATE REC'D BY LOCAL REG. <u>Oct 12 1949</u>		25B. REGISTRAR'S SIGNATURE <u>D. C. Martin</u>	
	26. FUNERAL DIRECTOR'S SIGNATURE <u>Bob + Maud Mortuary</u>		26. ADDRESS <u>George Hornum</u>		27. EMBALMER'S SIGNATURE <u>George Hornum</u> CERT. NO. <u>27287</u>	