

PUNCHED
VERIFIED

CERTIFICATE OF DEATH

REGISTRAR'S NO.

609

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY Yavapai		B. LENGTH OF STAY IN THIS TOWN --- IN ARIZONA 50 Yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
	C. CITY OR TOWN Yarnell		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Wickenburg <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION 3 1/2 Mi. South Yarnell Highway 89				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 255 Center St. E. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Amelia (Mila) B. (MIDDLE) Bodiroga C. (LAST) Bodiroga			4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH Oct DAY 15 YEAR 1890	8. AGE (IN YEARS LAST BIRTHDAY) 72	IF UNDER 1 YEAR MONTHS --- DAYS ---	IF UNDER 24 HRS. HOURS --- MIN. ---
	9B. KIND OF BUSINESS OR INDUSTRY At Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Yugoslavia	11. CITIZEN OF WHAT COUNTRY? USA	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. No
	14A. FATHER'S NAME Mijenovich		14B. BIRTHPLACE (STATE OR COUNTRY) Yugoslavia	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Yugoslavia
16. INFORMANT'S SIGNATURE George Bodiroga			ADDRESS Wickenburg Arizona		17. DATE OF DEATH (MONTH) March (DAY) 17 (YEAR) 1963	
8534 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.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		(A) Brain injury, traumatic DUE TO (B) Auto accident DUE TO (C)			immediate
	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
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Examined at Mortuary 19 --- THAT I LAST SAW THE DECEASED ALIVE ON --- 19 --- AND THAT DEATH OCCURRED AT 6:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE (DEGREE OR TITLE) Paul W. Shewers, M.D.	22B. ADDRESS Wickenburg, Ariz.		22C. DATE SIGNED 3-18-63		
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT (SPECIFY) Accident		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Highway 89 3 1/2 Mi. South		23C. (CITY OR TOWN) (COUNTY) (STATE) Yarnell Yavapai Arizona	
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 3-17-63 6:30 P.M.		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? Automobile Went Over Hill	
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE Leold P. Nola coroner		24B. ADDRESS Yarnell Arizona		24C. DATE SIGNED 3-18-63	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 3-21-63	25C. NAME OF CEMETERY OR CREMATORY Wickenburg		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg Arizona	
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 3-21-63		26B. REGISTRAR'S SIGNATURE Mrs. F. H. Wachtel		27A. FUNERAL DIRECTOR'S SIGNATURE H. L. Coffinger	
	27B. ADDRESS Wickenburg Arizona		28A. EMBALMER'S SIGNATURE H. L. Coffinger		28B. EMBALMER'S CERT. NO. 198-14	