

PUNCHED
VERIFIED

CERTIFICATE OF DEATH

REGISTRAR'S NO. **116**

OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY COCHISE		B. LENGTH OF STAY IN THIS TOWN 72 yrs IN ARIZONA 72 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA B. COUNTY COCHISE			
	C. CITY OR TOWN BISBEE		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN BISBEE		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) COPPER QUEEN HOSPITAL				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 223 OPERA DRIVE		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) MARY B. (MIDDLE) L C. (LAST) LEFTAULT			4. SEX FE	5. COLOR OR RACE WHITE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED		
	6B. NAME OF SPOUSE NONE		7. DATE OF BIRTH MONTH SEPT DAY 8 YEAR 1890	8. AGE (IN YEARS LAST BIRTHDAY) 72	IF UNDER 1 YEAR MONTHS	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) MEXICO	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. 526-01-5814	
	14A. FATHER'S NAME JOHN GREGOVICH		14B. BIRTHPLACE (STATE OR COUNTRY) YUGOSLAVIA		15A. MOTHER'S MAIDEN NAME BRAULIA LOPEZ		15B. BIRTHPLACE (STATE OR COUNTRY) MEXICO	
	16. INFORMANT'S SIGNATURE <i>Charles J. Leftault</i>				ADDRESS <i>Bisbee, Ariz.</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) JULY 10 1963	
CAUSE OF DEATH (EM 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 CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Coronary occlusion</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>gastro enteritis with dehydration</i>				INTERVAL BETWEEN ONSET AND DEATH <i>immed</i> <i>3 days</i>	
	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 <u>July 9</u> , 19 <u>63</u> , TO <u>July 10</u> , 19 <u>63</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>July 10</u> , 19 <u>63</u> , AND THAT DEATH OCCURRED AT <u>3:30 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE (DEGREE OR TITLE) <i>William C. McKinley M.D.</i>			22B. ADDRESS <i>Box 1192, Bisbee, Arizona</i>		22C. DATE SIGNED <i>7-11-63</i>		
DEATH DUE TO EXTERNAL VIOLENCE	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		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	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 July 15, 1963		25C. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Bisbee, Arizona	
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <i>7-15-63</i>		26B. REGISTRAR'S SIGNATURE <i>Margaret Maloney</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Hugh Lygaa</i>		27B. ADDRESS BISBEE, ARIZONA	
	28A. EMBALMER'S SIGNATURE <i>Hugh Lygaa</i>				28B. EMBALMER'S CERT. NO. 241			