

CERTIFICATE OF DEATH

Callogy

04 DEATH 822 SIDENCE	1. PLACE OF DEATH A. COUNTY <i>DeLa</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>Arg.</i> B. COUNTY <i>DeLa</i>		REGISTRAR'S NO. <i>24</i>
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <i>Miami</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <i>Miami - Rural</i>		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Miami Tropication Hosp.</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>19 Porto Rico Car.</i>		
3+ INT 2 VAL 402 A 402 0 450	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Richard</i> B. (MIDDLE) <i>J.</i> C. (LAST) <i>Ortega</i>			4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR <i>April 14 1950</i>		8. AGE YEARS MONTHS DAYS <i>0 0 0</i>
	9. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Miami Arg.</i>		11. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
7735 H 0 181 0	14A. FATHER'S NAME <i>Philip Ortega</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Miami Arg.</i>		15A. MOTHER'S MAIDEN NAME <i>Alice T. Sepulveda</i>
	16. INFORMANT'S SIGNATURE <i>Philip Ortega</i>		ADDRESS <i>19 Porto Rico, Miami Arg.</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>April 14 1950</i>
	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, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Unsanitary collapse</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Prematurity</i> DUE TO (c) <i>U</i> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <i>30 minutes</i> <i>2 hours</i>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
4 O AL CE	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)
	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?
AL IER'S TION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>April 14 1950</i> TO <i>April 14 1950</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>April 14 1950</i> . AND THAT DEATH OCCURRED AT <i>59</i> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE <i>W. Callogy M.D.</i>		23B. ADDRESS <i>Box 623 Miami Arg.</i>		23C. DATE SIGNED <i>April 18 1950</i>
IL JR 19	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>April 15, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pine Crest</i>
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Arg.</i>		25A. DATE REC'D BY LOCAL REG. <i>APR 25 1950</i>		25B. REGISTRAR'S SIGNATURE <i>Leon D. Dwyer</i>
AR 2	26. FUNERAL DIRECTOR'S SIGNATURE <i>W. S. Miles</i>		27. EMBALMER'S SIGNATURE <i>Hal M. Gantz</i>		ADDRESS
	CERT. NO. <i>314</i>				