

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3315

CERTIFICATE OF DEATH

REGISTRAR'S NO. 36

BIRTH NO.

3 DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY Santa Cruz				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona Santa Cruz				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Nogales		C. LENGTH OF STAY IN THIS PLACE, IN ARIZONA 25yr 25yr		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN) Nogales		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) St. Josephs Hosp.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 205 Terrace Ave.				
3. NAME OF DECEASED A. (FIRST) Ramona B. (MIDDLE) Miranda C. (LAST) de Goyeneche				4. SEX fm		5. COLOR OR RACE wh			
6. TYPE OR PRINT: NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>				7. DATE OF BIRTH MONTH DAY YEAR 8 31 60		8. AGE YEARS MONTHS DAYS 89 9 24		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? Mexico ✓		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no		13. SOCIAL SECURITY NO. no	
14A. FATHER'S NAME Margarita Miranda			14B. BIRTHPLACE (STATE OR COUNTRY) Mexico		15A. MOTHER'S MAIDEN NAME Margarita Gamez			15B. BIRTHPLACE (STATE OR COUNTRY) Mexico	
16. INFORMANT'S SIGNATURE (Joaquin F. Tena)				ADDRESS Nogales, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 15, 1950			
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 CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Pneumonia bilateral- ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Sanitary						INTERVAL BETWEEN ONSET AND 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)					
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-12-50 TO 6-15-50. THAT I LAST SAW THE DECEASED ALIVE ON 6-15-50 AND THAT DEATH OCCURRED AT 9:45a FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
23A. SIGNATURE Joaquin F. Tena MD				23B. ADDRESS Nogales, Arizona			23C. DATE SIGNED 6/16/50		
24A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 6/16/50		24C. NAME OF CEMETERY OR CREMATORY Nogales City			24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Nogales, Arizona		
25A. DATE REC'D BY LOCAL REG. 6/16/50		25B. REGISTRAR'S SIGNATURE Florence G. Reed			26. FUNERAL DIRECTOR'S SIGNATURE Carroon Mortuary Nogales, Ariz.			27. EMBALMER'S SIGNATURE S. C. Parsh 295A	