

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3985

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

59

PLACE OF DEATH AND RESIDENCE 3	1. PLACE OF DEATH				2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION.)								
	A. COUNTY <i>Gila</i>		B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN) <i>Globe</i>		C. LENGTH OF STAY IN THIS PLACE, IN ARIZONA <i>2 yrs 2 mos</i>		A. STATE <i>Ariz.</i>		B. COUNTY <i>Gila</i>				
	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>Below Coolidge Dam</i>				C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <i>Miami</i>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>1019 Depot Hill</i>				
PRECEDENT PERSONAL DATA 1020 850	3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX			5. COLOR OR RACE						
	<i>Arthur Ruiz</i>			<i>Male</i>			<i>White</i>						
	6. MARRIED (NEVER MARRIED) <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH (MONTH DAY YEAR)			8. AGE (YEARS MONTHS DAYS)			9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.)			
<i>July 7 1948</i>			<i>2 1 6</i>			<i>none</i>			9B. KIND OF BUSINESS OR INDUSTRY <i>none</i>				
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			11. CITIZEN OF WHAT COUNTRY?			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)			13. SOCIAL SECURITY NO.				
<i>Globe Ariz.</i>			<i>U. S.</i>			<i>no</i>			<i>none</i>				
14A. FATHER'S NAME			14B. BIRTHPLACE (STATE OR COUNTRY)			15A. MOTHER'S MAIDEN NAME			15B. BIRTHPLACE (STATE OR COUNTRY)				
<i>Nick M. Ruiz</i>			<i>Miami Ariz.</i>			<i>Dora Garcia</i>			<i>Miami Ariz.</i>				
16. INFORMANT'S SIGNATURE <i>Nick M. Ruiz</i>						17. DATE OF DEATH (MONTH DAY YEAR) <i>Aug 13 1958</i>							
18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).)						MEDICAL CERTIFICATION							
9298 CAUSE OF DEATH ITEM 18) 0						I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Dr. Down</i>							
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.						II. OTHER SIGNIFICANT CONDITIONS							
PLACE DISEASE CONTRACTED.						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"/>				
DEATH DUE TO (FATAL INJURY)			21A. ACCIDENT (SPECIFY)			21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			21C. (CITY OR TOWN) COUNTY (STATE)				
<i>6504</i>			<i>Accident</i>			<i>False</i>			<i>Gila, Ariz.</i>				
21D. TIME (MONTH DAY YEAR) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21F. HOW DID INJURY OCCUR?			✓				
<i>Aug 13 1950 2^{PM}</i>													
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ THAT I LAST SAW THE DECEASED ALIVE ON <i>never</i> 19____ AND THAT DEATH OCCURRED AT <i>2:00 PM</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.													
23A. SIGNATURE <i>Dr. Wheeler MD</i>				23B. ADDRESS <i>Globe, Arizona</i>				23C. DATE SIGNED <i>18 Aug 58</i>					
24A. BURIAL (CREMATION) <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Aug. 16, 1958</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Pinal Cemetery</i>				24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>					
25A. DATE REC'D BY LOCAL REG. <i>8-24-58</i>		25B. REGISTRAR'S SIGNATURE <i>Jane Wheeler</i>				26. FUNERAL DIRECTOR'S SIGNATURE <i>Rita S. Miles</i>				ADDRESS <i>Miami Ariz.</i>			
						27. EMBALMER'S SIGNATURE <i>J. May Miles Jr.</i>				CERT. NO. <i>244 A</i>			