

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 64

04 01/25 E OF DEATH AND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Gila</u>			2. USUAL RESIDENCE (WHERE DECEASED LIVED. (IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>ARIZ</u> B. COUNTY <u>Gila</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN <u>Miami</u>)		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>22 yrs</u> <u>22 yrs</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <u>Miami</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) <u>Miami Ins. Hospital</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1016 Live Oak St.</u>			
4 CEDENT PERSONAL DATA/64 7 X50	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>ANNA</u> B. (MIDDLE) <u>ORGAN</u> C. (LAST) <u>ARMENDARIZ</u>			4. SEX <u>F</u>	5. COLOR OR RACE <u>White</u>	
	6. MARRIED - - - - - NEVER MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH <u>Dec.</u> DAY <u>24</u> YEAR <u>1885</u>		8. AGE YEARS <u>64</u> MONTHS <u>10</u> DAYS <u>17</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>TEXAS</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES. NO. OR UNKNOWN) <u>no</u>			13. SOCIAL SECURITY NO. <u>none</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Domestic</u>	
14A. FATHER'S NAME <u>Joseph ORGAN</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>?</u>		15A. MOTHER'S MAIDEN NAME <u>Rebecca ?</u>	
16. INFORMANT'S SIGNATURE <u>David A. Barragan</u>			17. DATE OF DEATH (MONTH) <u>November</u> (DAY) <u>11</u> (YEAR) <u>1950</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>?</u>	
CAUSE OF DEATH MEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (C) _____			MEDICAL CERTIFICATION		
	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.			I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (A) <u>Cerebral Hemorrhage</u>		
			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Hypertensive - Cardio-vascular Disease</u>			
			II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE <u>None</u>		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) _____ M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____		
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>4/8</u> 19 <u>50</u> TO <u>11/11</u> 19 <u>50</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>11/11</u> 19 <u>50</u> AND THAT DEATH OCCURRED AT <u>8:00</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
23A. SIGNATURE <u>Dr. Jesse E. Jacobs MD</u> (DEGREE OR TITLE)			23B. ADDRESS <u>Miami, Arizona</u>		23C. DATE SIGNED <u>11/14/50</u>	
24A. BURIAL CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Nov. 13, 1950</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Pinel Cemetery</u>		24D. LOCATION (CITY, TOWN OR COUNTY) (STATE) <u>Miami Ariz.</u>	
25A. DATE REC'D BY LOCAL REG. <u>Nov 15 1950</u>		25B. REGISTRAR'S SIGNATURE <u>Steven D. Dayton</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Pat H. Miles</u> ADDRESS <u>Miami Ariz.</u>		
				27. EMBALMER'S SIGNATURE <u>Hal M. Clout</u> CERT. NO. <u>314</u>		