ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3329

CERTIFICATE OF DEATH

BIRTH NO. 11103

REGISTRAR'S NO. 29

1. PLACE OF DEATH A. COUNTY: Greenlee B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Morenci C. LENGTH OF STAY IN THIS PLACE IN ARIZONA: 10 Mo 10 Mo 7 da D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Morenci Hospital	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE: Arizona B. COUNTY: Greeenlee C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Morenci D. STREET ADDRESS (IF RURAL, GIVE LOCATION): —
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Richard B. (MIDDLE): — C. (LAST): Garcia	4. SEX: M 5. COLOR OR RACE: W
6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 7. DATE OF BIRTH: MONTH Aug DAY 15 YEAR 1950 8. AGE: YEARS MONTHS 10 DAYS 7 IF UNDER 24 HOURS: HOURS — MIN. — 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Child	
9B. KIND OF BUSINESS OR INDUSTRY: Infant 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Morenci Ariz 11. CITIZEN OF WHAT COUNTRY? US 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE): No 13. SOCIAL SECURITY NO.: None	
14A. FATHER'S NAME: Willie Garcia 14B. BIRTHPLACE (STATE OR COUNTRY): New Mex 15A. MOTHER'S MAIDEN NAME: Lillie Sainz 15B. BIRTHPLACE (STATE OR COUNTRY): Arizona	
16. INFORMANT'S SIGNATURE: Willie Garcia ADDRESS: Morenci Ariz 17. DATE OF DEATH (MONTH) June (DAY) 22 (YEAR) 1951	

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 CONDITIONS DIRECTLY LEADING TO DEATH* (a): Croupous Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b): Bronchi-Pneumonia — 2 days

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS — 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 ☐ NO ☒

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M: —
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR? —

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-21-1951 TO 6-22-1951, THAT I LAST SAW THE DECEASED ALIVE ON 6-22, 1951, AND THAT DEATH OCCURRED AT 12 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Clair E. Trautman M.D.
23B. ADDRESS: Morenci Arizona
23C. DATE SIGNED: 6-22-51

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: June 24-51
24C. NAME OF CEMETERY OR CREMATORY: Fraternal
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Morenci Ariz

25A. DATE REC'D BY LOCAL REG.: JUN 26 1951
25B. REGISTRAR'S SIGNATURE: Guy Strickland
26. FUNERAL DIRECTOR'S SIGNATURE: J. McMillan ADDRESS: Clifton Ariz
27. EMBALMER'S SIGNATURE: J. McMillan CERT. NO. 166A

FORM VS 2 REV. 8-50 20M