

CERTIFICATE OF DEATH

REGISTRAR'S NO. **1482**

77
7-87
OF DEATH
IND
29
RESIDENCE
5

IDENT
SONAL
ATA 179
651

154X
CAUSE
OF
DEATH
M 18

ACTIONS
TOPSY
DEATH
E TO
ERNAL
LENCE

DICAL
RORNER'S
ICATION

VERAL
ECTOR
IND
ISTRAR

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 50 yrs 50 yrs		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix	
D. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 613 South 2nd Street			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Cecelia B. (MIDDLE) D. C. (LAST) Cerino			4. SEX female	5. COLOR OR RACE white	
6. MARRIED - - - - - NEVER MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 11 DAY 22 YEAR 71		8. AGE YEARS 79 MONTHS 7 DAYS 8	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). At Home	9B. SOCIAL SECURITY NO. None
9B. KIND OF BUSINESS OR INDUSTRY Home-maker	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California.	11. CITIZEN OF WHAT COUNTRY? U. S. A.	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. None	
14A. FATHER'S NAME Trenida Domingues		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Margarita Ramires		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
16. INFORMANT'S SIGNATURE Mrs. Anita C. Levario, Phoenix, Arizona.			ADDRESS	17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 30, 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 Adenocarcinoma of Rectum ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. 0 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH 2 years
19A. DATE OF OPERATION 6-20-51	19B. MAJOR FINDINGS OF OPERATION General Carcinoma		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 M	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 Mar 15, 1951 TO June 30, 1951 THAT I LAST SAW THE DECEASED ALIVE ON 18 AND THAT DEATH OCCURRED AT 7:20 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE Frank M. ...		23B. ADDRESS 15 E. ...		23C. DATE SIGNED 7-1-51	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 7-2-51	24C. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona.		
25A. DATE REC'D BY LOCAL REG. 7/2/51	25B. REGISTRAR'S SIGNATURE Beulah Johnston		26. FUNERAL DIRECTOR'S SIGNATURE J. L. ...	27. EMBALMER'S SIGNATURE J. L. ...	
26. ADDRESS	27. CERT. NO.				