

6918

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

14 04  
OF DEATH  
AND 25  
RESIDENCE  
5

1. PLACE OF DEATH A. COUNTY <i>Sibola</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>Ariz</i> B. COUNTY <i>Sibola</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <i>Claypool Rural</i>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>23 yr. 23 yr.</i>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Miami Highway</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>857 Navajo Can</i>	

3  
IDENT  
PERSONAL  
DATA 123

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Edward</i> B. (MIDDLE) <i>Monreal</i> C. (LAST) <i>Rodriguez</i>			4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>
6. MARRIED NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <i>May</i> DAY <i>28</i> YEAR <i>1928</i>		B. AGE YEARS <i>23</i> MONTHS <i>6</i> DAYS <i>25</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Factory Worker</i>
9B. KIND OF BUSINESS OR INDUSTRY <i>Furniture</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Miami Ariz</i>	11. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>After World War 2</i>	13. SOCIAL SECURITY NO. <i>527-26-6716</i>
14A. FATHER'S NAME <i>Emmanuel Rodriguez</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>	15A. MOTHER'S MAIDEN NAME <i>Matilda Monreal</i>	
16. INFORMANT'S SIGNATURE <i>Emmanuel Rodriguez</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Dec 23 1951</i>	

8234  
CAUSE  
OF  
DEATH  
EM 18)

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.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Auto accident</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  DUE TO (b) <i>Skull fracture</i>		
	11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

OPERATIONS,  
AUTOPSY  
DEATH  
DUE TO  
INTERNAL  
EVIDENCE

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) <i>accident</i>	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? <input checked="" type="checkbox"/>	

MEDICAL  
DRONER'S  
CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM \_\_\_\_\_ 19\_\_\_\_ TO \_\_\_\_\_ 19\_\_\_\_. THAT I LAST SAW THE DECEASED ALIVE ON \_\_\_\_\_ 19\_\_\_\_ AND THAT DEATH OCCURRED AT *4:30 P.M.* FROM THE CAUSES AND ON THE DATE STATED ABOVE.

(23A) SIGNATURE <i>John Carver</i>	(DEGREE OR TITLE) <i>Coroner</i>	23B. ADDRESS <i>XIPA MI</i>	23C. DATE SIGNED <i>12-27-51</i>
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GENERAL  
DIRECTOR  
AND  
REGISTRAR

24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24B. DATE <i>Dec. 27, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pinel cemetery</i>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz.</i>
25A. DATE REC'D BY LOCAL REG. <i>Jan 1 1952</i>	25B. REGISTRAR'S SIGNATURE <i>Artem D. Bayler</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	27. EMBALMER'S SIGNATURE <i>[Signature]</i>

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