

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

850

CERTIFICATE OF DEATH

REGISTRAR'S NO.

40

BIRTH NO. 222359

1. PLACE OF DEATH A. COUNTY <u>Gila</u> C. CITY OR TOWN <u>Globe</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <input checked="" type="checkbox"/> life <input type="checkbox"/> life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> C. CITY OR TOWN <u>Globe</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tonto Hotel</u>		D. STREET ADDRESS <u>N. Broad S. apt 110</u>		5. COLOR OR RACE <u>white</u>	
3. NAME OF DECEASED (TYPE OR PRINT) <u>William Michael (Oviedo) Pandergrass</u>		B. AGE (IN YEARS) (IF UNDER 1 YEAR: IF UNDER 24 HRS. DAYS HOURS MIN. ** ***) <u>0</u> <u>6</u> <u>22</u> <u>**</u> <u>**</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>infant</u>	
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>never married</u>		7. DATE OF BIRTH (MONTH DAY YEAR) <u>July 19 1952</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u> <u>**</u> <u>**</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>infant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Globe, Arizona</u>		13. SOCIAL SECURITY NO. <u>none</u>	
14A. FATHER'S NAME <u>William Oviedo</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Morenci, Ariz.</u>		15A. MOTHER'S MAIDEN NAME <u>Helen Herral</u>	
16. INFORMANT'S SIGNATURE <u>Dr. William Oviedo Blake, Chiquita</u>		ADDRESS <u>Morenci, Ariz.</u>		17. DATE OF DEATH (DAY) (MONTH) (YEAR) <u>Feb 11, 1953 at 6:45 p.m.</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>3563</u> *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Congenital atresia of the common bile duct</u> ANTECEDENT CAUSES DUE TO (B) _____ MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (C) _____ 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION <u>9-27-52</u> 19B. MAJOR FINDINGS OF OPERATION <u>as above</u>					
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) <u>INJURY</u>		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>7-19 1952</u> TO <u>2-11 1953</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>2-5 1953</u> . AND THAT DEATH OCCURRED AT <u>6:45 P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. 23A. SIGNATURE <u>Alexander J. Spoor, M.D.</u> 23B. ADDRESS (DEGREE OR TITLE) <u>Globe</u> 23C. DATE SIGNED <u>2-12-53</u>					
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>2-19-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery,</u>	
25A. DATE REC'D BY LOCAL REG. <u>2-19-53</u>		25B. REGISTRAR'S SIGNATURE <u>Gene Wavelle</u>		25C. REGISTRAR'S SIGNATURE <u>Gene Wavelle</u>	
26. FUNERARY DIRECTOR'S SIGNATURE <u>Gene Wavelle</u>		27. EMBALMER'S SIGNATURE <u>Gene Wavelle</u>		ADDRESS <u>Globe, Arizona</u> CERT. NO. <u>#323</u>	