Phillips

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1504

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 16

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Yuma
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Yuma, rural
C. LENGTH OF STAY IN THIS PLACE: 15 yr; IN ARIZONA: 15 yr
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Yuma General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Yuma, rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Ave D and 13th Street

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) JOE B. (MIDDLE) A. C. (LAST) ANGULO
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Dec DAY 25 YEAR 1907
8. AGE: YEARS 45 MONTHS 1 DAYS 0
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Laborer
9B. KIND OF BUSINESS OR INDUSTRY: Farm
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) no (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.
14A. FATHER'S NAME: Salvador Angulo
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Clara Salazar
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: [illegible] ADDRESS: Box 174, Winterhaven, Calif
17. DATE OF DEATH (MONTH) January (DAY) 27 (YEAR) 1953

CAUSE OF DEATH (ITEM 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Carcinomatosis c multiple metastases — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: 1/24/53
19B. MAJOR FINDINGS OF OPERATION: Faradal carcinomatosis c multiple metastases
20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

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?

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/1 1952 TO 1/27 1953 THAT I LAST SAW THE DECEASED ALIVE ON 1-27 1952 AND THAT DEATH OCCURRED AT 3:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE [illegible] (DEGREE OR TITLE)
23B. ADDRESS [illegible]
23C. DATE SIGNED 1/27/53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE 1-29-53
24C. NAME OF CEMETERY OR CREMATORY: Yuma Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
25A. DATE REC'D BY LOCAL REG. 1-29-53
25B. REGISTRAR'S SIGNATURE: Marie Nelson
26. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary, Inc. R E Johnson ADDRESS: Box 310 Yuma, Arizona
27. EMBALMER'S SIGNATURE: R E Johnson
CERT. NO.

FORM VS 2 REV. 20M