

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.  
*Charles Cook*

2030

CERTIFICATE OF DEATH

1. PLACE OF DEATH A. COUNTY C. CITY OR TOWN D. FULL NAME OF HOSPITAL OR INSTITUTION	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 18 yrs 55 yrs		2. USUAL RESIDENCE A. STATE C. CITY OR TOWN D. STREET ADDRESS		3. NAME OF DECEASED (TYPE OR PRINT)		4. SEX		5. COLOR OR RACE		REGISTRAR'S NO. 2030
	Maricopa		Arizona		Garcia		Male		White		
6. HARRIED, NEVER HARRIED, WIDOWED, DIVORCED (SPECIFY) 7. DATE OF BIRTH MONTH DAY YEAR 8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). 9B. KIND OF BUSINESS OR INDUSTRY 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 11. CITIZEN OF WHAT COUNTRY? 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) 13. SOCIAL SECURITY NO.	Widowed		Mar 15 1876		USA		No		Interpreter		15B. BIRTHPLACE (STATE OR COUNTRY) New Mexico
	Superior Court New Mexico		New Mexico		USA						
14A. FATHER'S NAME 16. INFORMANT'S SIGNATURE L. M. Parks Burbank, Calif	Gabriel Garcia		731 N. Lenti Address		Beatrice Trujillo		May 10, 1953		New Mexico		17. DATE OF DEATH (MONTH) (DAY) (YEAR)
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Myocardial infarction DUE TO (B) Postmyocardial infarction heart failure DUE TO (C) Generalized arteriosclerosis										
	MEDICAL CERTIFICATION										
PERATIONS, AUTOPSY	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION										
DEATH DUE TO EXTERNAL VIOLENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)										
MEDICAL OR CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-18-53 TO 5-10-1953 THAT I LAST SAW THE DECEASED ALIVE ON 5-9-53 AND THAT DEATH OCCURRED AT 4:00AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
	23A. SIGNATURE <i>Charles M. Cooke M.D.</i> 23B. ADDRESS <i>7 W. McDowell</i> 23C. DATE SIGNED <i>5-11-53</i>										
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> 24B. DATE 5-13-53 24C. NAME OF CEMETERY OR CREMATORY St Francis 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona										
	25A. DATE REC'D BY LOCAL REG. 25B. REGISTRAR'S SIGNATURE <i>L. M. Hartman</i> 26. REGISTRAR'S SIGNATURE ADDRESS <i>L. M. Hartman Phx. Ariz.</i> 27. EXAMINER'S SIGNATURE <i>L. M. Hartman</i> 28. ART. NO. <i>261</i>										