

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3551

CERTIFICATE OF DEATH

BIRTH NO. 0		REGISTRAR'S NO. 75	
1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE A. STATE Arizona	
C. CITY OR TOWN Globe		C. CITY OR TOWN Claypool	
D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		D. STREET ADDRESS Box 568 Grover Canyon	
3. NAME OF DECEASED Infant Richard Modless		4. SEX male	
6. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) never married		5. COLOR OR RACE Indian	
7. DATE OF BIRTH MONTH DAY YEAR Jan 12 1953		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). infant	
8. AGE (IN YEARS) LAST BIRTHDAY MONTHS DAYS 4 25		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no ***	
9B. KIND OF BUSINESS OR INDUSTRY infant		13. SOCIAL SECURITY NO. none	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) San Carlos, Arizona U.S.A.		15A. MOTHER'S MAIDEN NAME Beulah Polk	
11. CITIZEN OF WHAT COUNTRY? U.S.A.		17. DATE OF DEATH June 7, 1953 at 12:20 a.m.	
14A. FATHER'S NAME David Modless		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (C). 7720 *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.	
16. INFORMANT'S SIGNATURE David Modless		19. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	
19A. DATE OF OPERATION		20. AUTOPSY?	
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) M		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [Jan 4] 1953 TO [June 7] 1953 THAT I LAST SAW THE DECEASED ALIVE ON [Jan 6] 1953 AND THAT DEATH OCCURRED AT [Gila] M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23C. DATE SIGNED 6.8.53	
23A. SIGNATURE William O'Brin M.D.		23B. ADDRESS Gila Arizona	
24A. BURIAL CREMATION REMOVAL BY LOCAL REG. [X] CREMATION		24B. DATE June 8, 1953	
24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona	
25A. DATE REC'D BY LOCAL REG. 6-8-53		26. FUNERAL DIRECTOR'S SIGNATURE Jesse James Walker	
25B. REGISTRAR'S SIGNATURE Jesse James Walker		27. FUNERAL HOME'S SIGNATURE Jesse James Walker	
25C. ADDRESS Globe, Arizona		CERT. NO. #323	