

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6858
56

CERTIFICATE OF DEATH

BIRTH NO. 04 04
PLACE OF DEATH A. COUNTY Gila
C. CITY OR TOWN Miami
D. FULL NAME OF HOSPITAL OR INSTITUTION Miami-Inspiration Hospital
REGISTRAR'S NO. 56
2. USUAL RESIDENCE A. STATE Arizona
C. CITY OR TOWN Miami
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT) Manuel V. Ornelas
B. AGE (IN YEARS IF UNDER 1 YEAR IF UNDER 24 HRS. PAYS HOURS MIN.) 40 Yrs. 40 Yrs.
MARRIED Dec. 15 1907 45 Yrs.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U.S.A.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO
13. SOCIAL SECURITY NO. 526-05-6866
14A. FATHER'S NAME Unknown
14B. BIRTHPLACE (STATE OR COUNTRY) Mexico
15A. MOTHER'S MAIDEN NAME Carmen Vasquez
15B. BIRTHPLACE (STATE OR COUNTRY) Mexico
4. SEX Male
5. COLOR OR RACE White
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Laborer

16. INFORMANT'S SIGNATURE [Signature]
17. DATE OF DEATH Oct. 14, 1953
18. CAUSE OF DEATH
DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Cerebral Contusion - Conclusion of Chemo Sect 7 others
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. + all 950 ft

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY YES NO
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) accident
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE) Miami, Arizona
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) Oct 8 on 53 10A
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21F. HOW DID INJURY OCCUR? Fall 250 ft through 2nd story

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 14 1953 TO Oct 14 1953 THAT I LAST SAW THE DECEASED ALIVE ON Oct 14 1953 AND THAT DEATH OCCURRED AT [Signature] M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE [Signature]
23B. ADDRESS Miami, Arizona.
23C. DATE SIGNED 10/15/53

24A. BURIAL CREMATION
24B. DATE Oct. 16, 1953
24C. NAME OF CEMETERY OR CREMATORY Pinal Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.
25A. DATE REC'D BY LOCAL REG. [Signature]
25B. REGISTRAR'S SIGNATURE [Signature]
26. FUNERAL DIRECTOR'S SIGNATURE [Signature]
27. EMBALMER'S SIGNATURE [Signature]
ADDRESS [Signature]
CERT. NO. 244A