

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

7400

CERTIFICATE OF DEATH

REGISTRAR'S NO.

13

BIRTH NO.

<p>1. PLACE OF DEATH A. COUNTY Gila B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Christmas D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Christmas Mine</p>	<p>C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 2 Mo. 2 Mo</p>	<p>2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE New Mexico B. COUNTY Laos</p>	
		<p>C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Rodarte D. STREET ADDRESS None IIF RURAL, GIVE LOCATION!</p>	
<p>3. NAME OF DECEASED (TYPE OR PRINT) Enrique none</p>		<p>4. SEX male</p>	<p>5. COLOR OR RACE Caucasian</p>
<p>6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/></p>	<p>7. DATE OF BIRTH MONTH 1 DAY 23 YEAR 1923 MONTHS 10 DAYS 16</p>	<p>9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Miner</p>	
<p>9B. KIND OF BUSINESS OR INDUSTRY Mining</p>	<p>10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Mexico</p>	<p>11. CITIZEN OF WHAT COUNTRY? U. S. A.</p>	<p>12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes World War #2</p>
<p>14A. FATHER'S NAME Frank Rodarte</p>	<p>14B. BIRTHPLACE (STATE OR COUNTRY) U. S. A.</p>	<p>15A. MOTHER'S MAIDEN NAME Guadalupe Lopez</p>	<p>15B. BIRTHPLACE (STATE OR COUNTRY) U. S. A.</p>
<p>16. INFORMANT'S SIGNATURE <i>R. E. Hutchins</i> ADDRESS <i>Christmas, via Whelan</i></p>			
<p>17. DATE OF DEATH (DAY, MONTH, YEAR) 9 December 1953</p>			
<p>18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). Skull Fracture Mine Cave-in</p>			
<p>19A. DATE OF OPERATION None</p>			
<p>19B. MAJOR FINDINGS OF OPERATION None</p>			
<p>19C. DATE OF OPERATION None</p>			
<p>19D. HOW DID INJURY OCCUR? Mine Cave-in</p>			
<p>19E. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Riviera Mines</p>			
<p>19F. HOW DID INJURY OCCUR? Mine Cave-in</p>			
<p>19G. CITY, OR TOWN, OR COUNTY, (STATE) Christmas - Gila - Ariz.</p>			
<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>			
<p>21. ACCIDENT (SPECIFY) Accident</p>			
<p>22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED, FROM _____ 19 _____ TO _____ 19 _____, THAT I LAST SAW THE DECEASED ALIVE ON _____ 19 _____ AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.</p>			
<p>23A. SIGNATURE <i>Enrique Rodarte</i></p>		<p>23B. ADDRESS <i>Christmas Mine</i></p>	
<p>23C. DATE SIGNED 12-11-53</p>		<p>24. NAME OF CEMETERY OR CREMATORY None</p>	
<p>24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/></p>		<p>24B. DATE 12-11-53</p>	
<p>25A. DATE REC'D BY LOCAL REG. 12-11-53</p>		<p>25B. REGISTRAR'S SIGNATURE <i>William B. Stump</i></p>	
<p>26. FUNERAL DIRECTOR'S SIGNATURE <i>Byron N. English</i></p>		<p>27. EMBALMER'S SIGNATURE <i>Byron N. English</i></p>	
<p>28. ADDRESS <i>Byron N. English</i></p>		<p>29. CERT. NO. 330</p>	