

CERTIFICATE OF DEATH

REGISTRAR'S NO. 68

AGE OF DEATH 26 06 72 AND 72 UAL RESIDENCE 0302	1. PLACE OF DEATH A. COUNTY <i>Greenlee</i> B. LENGTH OF STAY <i>Life</i> <input type="checkbox"/> IN THIS TOWN <input type="checkbox"/> IN ARIZONA		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Argy.</i> B. COUNTY <i>Greenlee</i>			
	C. CITY OR TOWN <i>Morenci</i> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Morenci</i> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
DECEDENT PERSONAL DATA 402 154	D. FULL NAME OF (IF NOT IN HOSPITAL, OR HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Morenci Hospital</i>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>119 Saguaro</i>		
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>BABY</i> B. (MIDDLE) <i>BOY</i> C. (LAST) <i>GARCIA</i>			4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>	
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	7. DATE OF BIRTH MONTH <i>1</i> DAY <i>9</i> YEAR <i>54</i>	8. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	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) <i>Argy.</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>No</i>		13. SOCIAL SECURITY NO. <i>None</i>
14A. FATHER'S NAME <i>Jose Garcia</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Argy.</i>	15A. MOTHER'S MAIDEN NAME <i>Salud Beltran</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Argy.</i>	
16. INFORMANT'S SIGNATURE <i>Jose L. Garcia</i>			ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>1 - 9 - 54</i>	
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <i>776X</i>				MEDICAL CERTIFICATION	
	*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.				1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <i>Prematurity</i>	
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	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)	
DEATH DUE TO EXTERNAL VIOLENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>1-9-54</i> 19 <i>54</i> TO <i>1-9</i> 19 <i>54</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>1-9</i> 19 <i>54</i> , AND THAT DEATH OCCURRED AT <i>3:10</i> P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL OR CORONER'S CERTIFICATION	23A. SIGNATURE (DEGREE OR TITLE) <i>Manuel Garcia MD</i>			23B. ADDRESS <i>Morenci Arizona</i>		23C. DATE SIGNED <i>1-9-54</i>
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <i>Jan 10, 1954</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Fraternal</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Morenci Arizona</i>	
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <i>JAN 9 1954</i>		25B. REGISTRAR'S SIGNATURE <i>Emy Strickland</i>		26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS' <i>Garcia Family, Morenci Ariz</i>	
					27. EMBALMER'S SIGNATURE CERT. NO. <i>Not embalmed</i>	