

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5500

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

04 04  
PLACE OF DEATH  
97 AND 97  
RESIDENCE  
2004

DECEDENT  
PERSONAL  
DATA 317  
0  
054

CAUSE  
OF  
DEATH  
(ITEM 18) 0  
0

OPERATIONS,  
AUTOPSY 6

MEDICAL  
CERTIFICATION +

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

CORONER'S  
CERTIFICATION

FUNERAL  
DIRECTOR 31  
AND  
REGISTRAR 2

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN life IN ARIZONA life		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
C. CITY OR TOWN San Carlos		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN San Carlos		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION San Carlos Indian Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) San Carlos Indian Reservation			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Allen B. (MIDDLE) Gary C. (LAST) Norman			4. SEX male	5. COLOR OR RACE Indian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) never married		
6B. NAME OF SPOUSE (none)		7. DATE OF BIRTH MONTH DAY YEAR Oct. 5 1954	8. AGE (IN YEARS LAST BIRTHDAY) 0	IF UNDER 1 YEAR MONTHS 0 DAYS 17	IF UNDER 24 HRS. HOUR MIN. --- ---	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) infant	
9B. KIND OF BUSINESS OR INDUSTRY none	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	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. none	
14A. FATHER'S NAME Stanton Norman		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Ida Polk		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
16. INFORMANT'S SIGNATURE ADDRESS From the records of San Carlos Hospital				17. DATE OF DEATH (MONTH) (DAY) (YEAR) October 20 1954			
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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Gastro-enteritis, acute. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) --- DUE TO (C) --- II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 4 days	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct. 20, 1954, TO Oct. 22, 1954, THAT I LAST SAW THE DECEASED ALIVE ON Oct. 22, 1954, AND THAT DEATH OCCURRED AT 7:30 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE (DEGREE OR TITLE) <i>Richard L. ...</i>				22B. ADDRESS San Carlos, Arizona		22C. DATE SIGNED 10-22-54	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Oct. 23, 1954		25C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery (Annex)		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona	
26A. DATE REC. BY LOCAL REG. 11-8-54		26B. REGISTRAR'S SIGNATURE <i>James ...</i>		27A. FUNERAL DIRECTOR'S SIGNATURE (none)		27B. ADDRESS	