

CERTIFICATE OF DEATH

REGISTRAR'S NO. 56

BIRTH NO.

PLACE OF DEATH LAND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Maricopa</i>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <i>30 yrs</i> <i>40 yrs</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION) RESIDENCE BEFORE ADMISSION)				
	C. CITY OR TOWN <i>Gilbert</i>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <i>Arizona</i>		B. COUNTY <i>Maricopa</i>		
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Versulis Ranch</i>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>Versulis Ranch</i>				
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) <i>Elias</i>		A. (FIRST)	B. (MIDDLE) <i>---</i>	C. (LAST) <i>ACUNA</i>	4. SEX <i>M.</i>	5. COLOR OR RACE <i>W.</i>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Married</i>	
	6B. NAME OF SPOUSE <i>Maria Acuna</i>		7. DATE OF BIRTH MONTH DAY YEAR <i>10</i> <i>20</i> <i>76</i>	8. AGE (IN YEARS LAST BIRTHDAY) <i>78</i>	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <i>Laborer</i>		
	9B. KIND OF BUSINESS OR INDUSTRY <i>Farm</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Mexico</i>	11. CITIZEN OF WHAT COUNTRY? <i>USA</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.		
	14A. FATHER'S NAME <i>unk.</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>		15A. MOTHER'S MAIDEN NAME <i>Unk.</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Mexico</i>		
CAUSE OF DEATH (ITEM 18)	16. INFORMANT'S SIGNATURE <i>Florenbio Acuna</i>				ADDRESS <i>Gilbert, Ariz.</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>October 31 1954</i>		
	18. CAUSE OF DEATH ENTER ONE OR MORE CAUSES 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH † ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST.				(A) <i>CORONARY HEART DISEASE</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i>
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				DUE TO (B) _____		
OPERATIONS, AUTOPSY	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 <i>after death</i> , TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT <i>7:30A.</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
MEDICAL CERTIFICATION	22A. SIGNATURE <i>Robert P. Erickson, MD</i>			(DEGREE OR TITLE) <i>MD</i>		22B. ADDRESS <i>Chandler, Arizona</i>		22C. DATE SIGNED <i>10-31-54</i>	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <i>Natural causes</i>		(SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>Home</i>		23C. (CITY OR TOWN) (COUNTY) (STATE) <i>Gilbert Maric. Ariz.</i>		
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?				
	24A. CORONER'S SIGNATURE <i>Harold R. Linnaine</i>			24B. ADDRESS <i>Gilbert, Arizona</i>		24C. DATE SIGNED <i>10-31-54</i>			
CORONER'S CERTIFICATION	25A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <i>11-3-54</i>		25C. NAME OF CEMETERY OR CREMATORY <i>Mesa cemetery</i>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Mesa, Arizona</i>		
	26A. DATE REC. BY LOCAL REG. <i>11-2-54</i>		26B. REGISTRAR'S SIGNATURE <i>Thomas S. S. Deputy</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>W. L. Gibbons</i>		27B. ADDRESS <i>M. L. GIBBONS MORTUARY MESA, ARIZONA</i>		