

CERTIFICATE OF DEATH

REGISTRAR'S NO. 52

4 06
PLACE OF DEATH
5 AND 57
USUAL RESIDENCE
0402

4
DECEDENT
PERSONAL
DATA 364

X54

CAUSE
OF
DEATH
(ITEM 18)

OPERATIONS,
AUTOPSY 4

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR 2

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>1 Day Life</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION)					
C. CITY OR TOWN <u>Miami</u>		D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miami-Inspiration Hospital</u>		A. STATE <u>Arizona</u>		B. COUNTY <u>Greenlee</u>		C. CITY OR TOWN <u>Clifton</u>		D. STREET ADDRESS <u>No St. Clifton-Morencé Hwy.</u>	
3. NAME OF DECEASED (TYPE OR PRINT) <u>Rosemary</u>		A. (FIRST)		B. (MIDDLE)		C. (LAST) <u>Magallanes Fem.</u>		4. SEX <u>White</u>		5. COLOR OR RACE <u>Never Married</u>	
6B. NAME OF SPOUSE <u>None</u>		7. DATE OF BIRTH MONTH DAY YEAR <u>Oct 28 1954</u>		8. AGE (IN YEARS) LAST BIRTHDAY		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Infant</u>		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOUR MIN.	
9B. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>		14. FATHER'S NAME <u>Willie Magallanes</u>	
14A. FATHER'S NAME		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		15A. MOTHER'S MAIDEN NAME <u>Natalia Castaneda</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>		16. INFORMANT'S SIGNATURE <u>Willie Magallanes</u>		ADDRESS <u>Clifton, Ariz</u>	
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Nov. 2, 1954</u>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (C). <u>7630</u> ‡ 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: (A) <u>Pneumonia</u> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH			
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 <u>1 Nov. 1954</u> TO <u>2 Nov. 1954</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>2 Nov 54</u> , 19 <u>54</u> , AND THAT DEATH OCCURRED AT <u>9:40 P.M.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE <u>[Signature]</u>		22B. ADDRESS <u>Miami, Arizona</u>	
22C. DATE SIGNED <u>11/3/54</u>		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 type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE <u>Nov. 3, 1954</u>	
25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Clifton, Arizona.</u>		26A. DATE REC. BY LOCAL REG. <u>11/5/54</u>		26B. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27B. ADDRESS <u>[Address]</u>	