John Garza

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6200

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 117

CE OF DEATH AND AL RESIDENCE

1. PLACE OF DEATH
A. COUNTY Greenlee
B. LENGTH OF STAY IN THIS TOWN Life IN ARIZONA
C. CITY OR TOWN Morenci — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) J.C. Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Ariz
B. COUNTY Greenlee
C. CITY OR TOWN Clifton — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS — (IF RURAL, GIVE LOCATION)

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) John B. (MIDDLE) Ruben C. (LAST) Garza
4. SEX M
5. COLOR OR RACE White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married
6B. NAME OF SPOUSE None
7. DATE OF BIRTH MONTH Jan. DAY 2 YEAR 1941
8. AGE (IN YEARS LAST BIRTHDAY) 13 — IF UNDER 1 YEAR: MONTHS — DAYS — IF UNDER 24 HRS.: HOURS — MIN. —
9A. USUAL OCCUPATION (GIVE KIND OF WORK DONE MOST OF LIFE EVEN IF RETIRED) Student
9B. KIND OF BUSINESS OR INDUSTRY Student
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona
11. CITIZEN OF WHAT COUNTRY? US
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No — (IF YES, WAR OR DATES OF SERVICE) No
13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME Ruben Garza
14B. BIRTHPLACE (STATE OR COUNTRY) Arizona
15A. MOTHER'S MAIDEN NAME Lupe Gutierrez
15B. BIRTHPLACE (STATE OR COUNTRY) Arizona
16. INFORMANT'S SIGNATURE Lupe Garza — ADDRESS Clifton
17. DATE OF DEATH (MONTH) Nov (DAY) 6 (YEAR) 1954

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Trauma — 6 hours
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-5, 1954, TO 11-6, 1954, THAT I LAST SAW THE DECEASED ALIVE ON 11-6, 1954, AND THAT DEATH OCCURRED AT 11:50 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE) J. Hicks M.D.
22B. ADDRESS Morenci Ariz
22C. DATE SIGNED 11-6-54

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY) Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Highway 666
23C. (CITY OR TOWN) (COUNTY) (STATE) 32 Miles North Clifton Ariz
23D. TIME OF INJURY (MONTH) Nov (DAY) 5 (YEAR) 1954 (HOUR) 7 PM
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
23F. HOW DID INJURY OCCUR? Pickup truck turned over

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE R.O. Cooper Jr.
24B. ADDRESS Morenci Ariz
24C. DATE SIGNED 11-29-54

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE 11/6/54
25C. NAME OF CEMETERY OR CREMATORY Wards
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Clifton Ariz
26A. DATE REC. BY LOCAL REG. NOV 8 1954
26B. REGISTRAR'S SIGNATURE Guy Strickland
27A. FUNERAL DIRECTOR'S SIGNATURE M O'Neal
27B. ADDRESS Clifton Ariz

FORM VS-2 REV. 6-1-53 AMPCO 70385