

Dr. Collopy

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

7570

BIRTH NO. 12572

PLACE OF DEATH 04 CE OF DEATH 15 AND 25 AL RESIDENCE X-	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA Life Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila			
	C. CITY OR TOWN Miami		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Miami		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) K-32 Live Oak Canyon				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) K-32 Live Oak Canyon			
DECEDENT PERSONAL DATA 205 0 154	3. NAME OF DECEASED (TYPE OR PRINT) Eric Peter Melonzon			4. SEX Male	5. COLOR OR RACE Cuban	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married		
	6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH DAY YEAR July 5 1954	8. AGE (IN YEARS LAST BIRTHDAY) 5 26	IF UNDER 1 YEAR MONTHS DAYS 5 26	IF UNDER 24 HRS. HOURS MIN. 	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Infant	
	9B. KIND OF BUSINESS OR INDUSTRY Infant	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? USA	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 Clifton Melonzon		14B. BIRTHPLACE (STATE OR COUNTRY) Texas	15A. MOTHER'S MAIDEN NAME Ethel Lartigue		15B. BIRTHPLACE (STATE OR COUNTRY) Texas		
CAUSE OF DEATH ITEM 18)	16. INFORMANT'S SIGNATURE <i>Clifton Melonzon</i>		ADDRESS Miami, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Dec. 31, 1954			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) (C). <i>500 X</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Acute myocardial infarction</i> 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 CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <i>4 hrs.</i>	
	PLACE DISEASE CONTRACTED.							
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>none</i> , 19___, TO <i>none</i> , 19___, THAT I LAST SAW THE DECEASED ALIVE ON <i>July 7</i> , 19 <i>54</i> , AND THAT DEATH OCCURRED AT <i>7 PM</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
MEDICAL CERTIFICATION	22A. SIGNATURE (DEGREE OR TITLE) <i>Dr. Collopy M.D.</i>		22B. ADDRESS Miami, Arizona		22C. DATE SIGNED 1/3/55			
	23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE Natural Causes		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Home		23C. (CITY OR TOWN) (COUNTY) (STATE) Miami, Gila, Ariz.			
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		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 <i>John Carpenter</i>			24B. ADDRESS Miami, Arizona		24C. DATE SIGNED 1/3/55		
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Jan. 1, 1955		25C. NAME OF CEMETERY OR CREMATORY Final Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona.	
	26A. DATE REC. BY LOCAL REG. 1/11/55		26B. REGISTRAR'S SIGNATURE <i>Saula Gonzalez</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>John Melonzon</i>		27B. ADDRESS <i>Miami, Ariz.</i>	