

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

187

PLACE OF DEATH LAND RESIDENCE 1201	1. PLACE OF DEATH A. COUNTY Yuma		B. LENGTH OF STAY IN THIS TOWN 15 Yrs		IN ARIZONA 15 Yrs		2. USUAL RESIDENCE A. STATE Arizona		WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION B. COUNTY Yuma		
	C. CITY OR TOWN Yuma		<input type="checkbox"/> IN CITY LIMITS		<input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Boise		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		
PRECEDENT PERSONAL DATA 168 9 800	D. FULL NAME OF HOSPITAL OR INSTITUTION Yuma County Ind Nursing Home						D. STREET (IF RURAL, GIVE LOCATION) ADDRESS Highway 72		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	3. NAME OF DECEASED (TYPE OR PRINT) JAMES			A. (FIRST)		B. (MIDDLE) JOSEPH		C. (LAST) ZELLO		4. SEX M	
CAUSE OF DEATH HEM 18)	6B. NAME OF SPOUSE Gladys Zello		7. DATE OF BIRTH MONTH DAY YEAR Oct 18 1891		8. AGE (IN YEARS LAST BIRTHDAY) 68		IF UNDER 1 YEAR MONTHS DATE		IF UNDER 24 HRS. HRS. MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) laborer
	9B. KIND OF BUSINESS OR INDUSTRY Construction		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Italy		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. 712-01-3076		
RELATIONS, AUTOPSY	14A. FATHER'S NAME Unknown		14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME Unknown			15B. BIRTHPLACE (STATE OR COUNTRY)			
	16. INFORMANT'S SIGNATURE Gladys C. Zello						ADDRESS Boise, Ore.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 7 1960		MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE	18. CAUSE OF DEATH ENTER ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.						A) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 day
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						B) Coronary atherosclerosis		5 years
MEDICAL CERTIFICATION	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION gangrene left leg								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 1960 TO 8-7-1960 THAT I LAST SAW THE DECEASED ALIVE ON 8-7-1960 AND THAT DEATH OCCURRED AT 6:20 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
CORONER'S CERTIFICATION	22A. SIGNATURE Carl M. Beugs		(DEGREE OR TITLE) MD		22B. ADDRESS Yuma, Ariz		22C. DATE SIGNED 8/7/60				
	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) Yuma, Arizona					
GENERAL DIRECTOR AND REGISTRAR	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		
GENERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE August 8, 1960		25C. NAME OF CEMETERY OR CREMATORY St. Thomas Cemetery			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Ann Arbor, Michigan			
	26A. DATE REC. BY LOCAL REG. 8-5-60		26B. REGISTRAR'S SIGNATURE James Nelson		27A. FUNERAL DIRECTOR'S SIGNATURE A. C. D. D. D.		27B. ADDRESS Yuma, Arizona				
28A. EMBALMER'S SIGNATURE Ray E. Bower				28B. EMBALMER'S CERT. NO. 168A							