

PUMPED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

3460

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1596

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 2 hrs. & 25 Min. Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION): A. STATE Arizona B. COUNTY Maricopa				
	C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Gila Bend		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION PHS Indian Hospital Phoenix				D. STREET (IF RURAL GIVE LOCATION) Box 67 Theba Ranch		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Andy B. (MIDDLE) LeRoy C. (LAST) Manuel			4. SEX Male	5. COLOR OR RACE Indian	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Single			
	6B. NAME OF SPOUSE -		7. DATE OF BIRTH MONTH DAY YEAR 6 22 61	8. AGE (IN YEARS LAST BIRTHDAY) 10 Mos.	IF UNDER 1 YEAR MONTHS DAYS 10 Mos.	IF UNDER 24 HRS. HOURS MIN. -	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) None		
	9B. KIND OF BUSINESS OR INDUSTRY None	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? U.S.A.	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 Albert Manuel		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Margaret Pilar		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona			
16. INFORMANT'S SIGNATURE From records of PHS Indian Hospital Phoenix					17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 16 1962				
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY 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. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		(A) Septicemia due to DUE TO (B) Meningococcus DUE TO (C)						
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.								
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
MEDICAL CERTIFICATION DEATH DUE TO EXTERNAL VIOLENCE	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>April 16, 1962</u> TO <u>April 16, 1962</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>April 16, 1962</u> AND THAT DEATH OCCURRED AT <u>3:30 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
	22A. SIGNATURE <i>Thomas S. Hollings, MD</i>		22B. ADDRESS Phoenix, Arizona		22C. DATE SIGNED 4/18/62				
	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 M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?				
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS			24C. DATE SIGNED		
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE 4-18-62		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Gila Bend, Arizona		
	26A. DATE REC. BY LOCAL REG. 4/18/62		26B. REGISTRAR'S SIGNATURE <i>Benedict J. ...</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>L. M. ...</i>		27B. ADDRESS Phoenix, Arizona		
				28A. EMBALMER'S SIGNATURE <i>W. E. Kape</i>		28B. EMBALMER'S CERT. NO. 401A			