ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2820

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1219

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA: 10 hrs | 06 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Navajo
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Showlow
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): -----

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Hyrum
B. (MIDDLE): Rudolph
C. (LAST): Chlarson

4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH Jan DAY 11 YEAR 1870
8. AGE: YEARS 82 MONTHS 5 DAYS 7
IF UNDER 24 HOURS: HOURS ___ MIN. ___
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Lumbering
9B. KIND OF BUSINESS OR INDUSTRY: Saw Mill
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: -----
14A. FATHER'S NAME: Hans N. Chlarson
14B. BIRTHPLACE (STATE OR COUNTRY): Sweeden
15A. MOTHER'S MAIDEN NAME: Hannah Sherline
15B. BIRTHPLACE (STATE OR COUNTRY): Sweeden
16. INFORMANT'S SIGNATURE: Al Chlarson ADDRESS: 3801 E. Taylor Phx. Ariz
17. DATE OF DEATH (MONTH) May (DAY) 18, (YEAR) 1952

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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Strangulated Inguinal Hernia operated
DUE TO (c) Recurrent Varicose Pulmonary Hypertensive Heart Disease Congestive Heart failure
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 ☐ NO ☑

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5/17, 19 52 TO 5/18, 19 52 THAT I LAST SAW THE DECEASED ALIVE ON 5/17, 19 52 AND THAT DEATH OCCURRED AT 1:00AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Joe R. McFarlane M.D.
23B. ADDRESS: 1103 E. Culver
23C. DATE SIGNED: 5/19/52

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☑
24B. DATE: 5-20-52
24C. NAME OF CEMETERY OR CREMATORY: Thatcher Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Thatcher, Arizona
25A. DATE REC'D BY LOCAL REG.: 5/19/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: L. M. Mortensen ADDRESS: Phx. Ariz
27. EMBALMER'S SIGNATURE: L. M. Mortensen LIC. NO.: 261

FORM VS 2 REV. 2010

17 / 4 09 / CE OF DEATH / AND 308 98 / L RESIDENCE 5 / 1 / 1 / ECEDENT / ERSONAL DATA 182 / 6 / 552 / CAUSE OF DEATH (ITEM 18) 0 0 / ERATIONS, UTOPSY 2 / DEATH DUE TO XTERNAL IOLENCE / MEDICAL CORONER'S TIFICATION 1 / UNERAL IRECTOR AND EGISTRAR 85 2 / 690 307