ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4118

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 162

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Mesa
C. LENGTH OF STAY IN THIS PLACE: 2 days; IN ARIZONA: 2 yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Southside Dist. Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Mesa
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 149 N. Matlock

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

4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 3 DAY 10 YEAR 1889
8. AGE: YEARS 63 MONTHS 4 DAYS 16
IF UNDER 24 HOURS: HOURS ___ MIN. ___
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Photo Finisher
9B. KIND OF BUSINESS OR INDUSTRY: Photo Shop
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Germany
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): World War I
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): Germany
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Germany
16. INFORMANT'S SIGNATURE: Edna Binder (Wife) ADDRESS: Mesa, Arizona
17. DATE OF DEATH (MONTH) July (DAY) 26 (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) Malignant Hypertension — INTERVAL BETWEEN ONSET AND DEATH
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.

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 May 5, 19 51 TO July 26, 19 52, THAT I LAST SAW THE DECEASED ALIVE ON July 26, 19 52 AND THAT DEATH OCCURRED AT 6:00 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: A. J. Fillmore MD (DEGREE OR TITLE)
23B. ADDRESS: Mesa Ariz
23C. DATE SIGNED: 7/27/52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 7/29/52
24C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Maricopa Mesa Ariz
25A. DATE REC'D BY LOCAL REG.: 7-30-52
25B. REGISTRAR'S SIGNATURE: Jess Meldrum
26. FUNERAL DIRECTOR'S SIGNATURE: Melcher Funeral Home ADDRESS: Mesa
27. EMBALMER'S SIGNATURE: Larry J. Melcher CERT. NO.: 277R

FORM VS 2 REV. 2011