

CERTIFICATE OF DEATH

REGISTRAR'S NO. 18

BIRTH NO.

1  
27  
E OF DEATH  
AND 21  
L RESIDENCE  
X-

1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN <input type="checkbox"/> IN ARIZONA <input checked="" type="checkbox"/> <b>11 years</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Ariz.</b> B. COUNTY <b>Maricopa</b>	
C. CITY OR TOWN <b>Payson</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Mesa</b> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Pine-Payson Road</b>				D. STREET ADDRESS <b>232 S. Morris</b>	

PRECEDENT 2  
PERSONAL DATA  
306  
4  
358

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Donnie</b> B. (MIDDLE) <b>Francis</b> C. (LAST) <b>Reiland</b>			4. SEX <b>M</b>	5. COLOR OR RACE <b>Wh</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never married</b>
8B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH <b>2</b> DAY <b>19</b> YEAR <b>35</b>	B. AGE (IN YEARS) LAST BIRTHDAY <b>20</b>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HRS. _____ MIN. _____
9B. KIND OF BUSINESS OR INDUSTRY <b>gas station</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Mich.</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	13. SOCIAL SECURITY NO. <b>UNKNOWN</b>
14A. FATHER'S NAME <b>Pete Christopher Reiland</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Iowa</b>	15A. MOTHER'S MAIDEN NAME <b>Leona Anna Loux</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Iowa</b>
16. INFORMANT'S SIGNATURE <i>Pete Reiland</i>			ADDRESS		17. DATE OF DEATH (MONTH) <b>3</b> (DAY) <b>7</b> (YEAR) <b>1958</b>

8334  
CAUSE OF DEATH  
TEM 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.)		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.		MEDICAL CERTIFICATION <b>Lacerated cerebrum, cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>89</b>
PLACE DISEASE CONTRACTED.		DUE TO (B) <b>Skull fracture</b>		DUE TO (C) <b>Auto accident</b>		<b>Immediate</b>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

RATIONS, TOSPY  
MEDICAL CERTIFICATION  
98  
21  
22

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Day</b> <b>21</b> <b>1958</b> AT APPROX. <b>8:00</b> TO <b>P</b> IN _____ THAT I LAST SAW THE DECEASED ALIVE ON _____ AND THAT DEATH OCCURRED AT _____					
22A. SIGNATURE <i>Paul B. Gilbert, M.D.</i>		22B. ADDRESS <b>Payson, Arizona</b>		22C. DATE SIGNED <b>3/8/58</b>	

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT (SPECIFY) <b>Accident</b>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>Road</b>		23C. (CITY OR TOWN) (COUNTY) (STATE) <b>Payson, Arizona</b>	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>3 7 58 8:00 P</b>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? <b>Auto accident</b>	

FORNER'S CERTIFICATION

24A. FORNER'S SIGNATURE <i>Charles H. Green</i>		24B. ADDRESS <b>Payson, Arizona</b>		24C. DATE SIGNED <b>3/8/58</b>	
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GENERAL DIRECTOR AND STRARY

25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> (CREMOVAL <input type="checkbox"/>		25B. DATE <b>3-12-58</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Mesa City Cemetery</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Mesa Maricopa Arizona</b>	
26A. DATE REC. BY LOCAL REG. <b>3-19</b>		26B. REGISTRAR'S SIGNATURE <i>Edm. Hall</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Paul B. Gilbert</i>		27B. ADDRESS <b>Mesa, Ariz.</b>	
				28. EMBALMER'S SIGNATURE <i>Charles Melchior</i>		28B. EMBALMER'S CERT. NO. <b>305-A</b>	