

CERTIFICATE OF DEATH

REGISTRAR'S NO. 6551

BIRTH NO.

14/04
OF DEATH
AND
RESIDENCE
0261

PRECEDENT
PERSONAL
DATA

458

331 X
CAUSE
OF
DEATH
TEM 18 0

OPERATIONS
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CRONER'S
CERTIFICATION

MUNERAL
DIRECTOR
AND
GISTRAR

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN OR ARIZONA 18 yrs 22 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
C. CITY OR TOWN Globe		D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital		C. CITY OR TOWN Globe	
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		E. IS RESIDENCE ON A FARM?		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Rupert B. (MIDDLE) Guy C. (LAST) Phillips		4. SEX male		5. COLOR OR RACE white	
6. NAME OF SPOUSE Ruth Crocker Phillips		7. DATE OF BIRTH MONTH Jan DAY 29 YEAR 1887		8. AGE (IN YEARS) LAST BIRTHDAY 71	
9. KIND OF BUSINESS OR INDUSTRY highway dept.		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR RATES OF SERVICE) yes World War I U.S. Army		13. SOCIAL SECURITY NO. 525-1249781		14. FATHER'S NAME George Phillips	
15. BIRTHPLACE (STATE OR COUNTRY) Arkansas		16. MOTHER'S MAIDEN NAME Sarah Phillips		17. BIRTHPLACE (STATE OR COUNTRY) Arkansas	
18. INFORMANT'S SIGNATURE (daughter) Mrs. W. M. Bennett		19. ADDRESS 51 Paso Texas		17. DATE OF DEATH (MONTH) (DAY) (YEAR) April 20, 1958 at 11:55a.m.	
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 (A) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH sudden	
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		DUE TO (B) Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C) Senility			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 1, 1958 TO April 20, 1958 , THAT I LAST SAW THE DECEASED ALIVE ON April 20, 1958 , AND THAT DEATH OCCURRED AT 11:55 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE Walter M. D. Baum M.D.		22B. ADDRESS Globe, Arizona		22C. DATE SIGNED 4-21-58	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		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		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	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> CREMATION <input type="checkbox"/>		25B. DATE April 21, 1958		25C. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery Sect A #344	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Central Heights, Arizona.		25E. FUNERAL DIRECTOR'S SIGNATURE Gene Lemm Wacker		25F. ADDRESS Globe, Arizona.	
25A. DATE REC. BY LOCAL REG. 4-21-58		25B. REGISTRAR'S SIGNATURE Gene Lemm Wacker		25C. EMBALMER'S SIGNATURE Gene Lemm Wacker	
25D. EMBALMER'S CERT. NO. 4323					

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