ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4214

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 40

1. PLACE OF DEATH
A. COUNTY: GREENLEE
B. LENGTH OF STAY: IN THIS TOWN 2 days; IN ARIZONA 2 days
C. CITY OR TOWN: Duncan — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2 miles South of Duncan

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz.
B. COUNTY: GREENLEE
C. CITY OR TOWN: Duncan — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2 miles S. of Duncan
E. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Francis
B. (MIDDLE): Vista
C. (LAST): Rhodes

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): INFANT

6B. NAME OF SPOUSE
7. DATE OF BIRTH: MONTH 6 DAY 6 YEAR 58
8. AGE (IN YEARS LAST BIRTHDAY): IF UNDER 1 YEAR MONTHS 4 DAYS; IF UNDER 24 HRS. HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING BULK OF LIFE EVEN IF RETIRED): INFANT
9B. KIND OF BUSINESS OR INDUSTRY
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Mexico
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.: INFANT.

14A. FATHER'S NAME: Leslie Samuel Rhodes
14B. BIRTHPLACE (STATE OR COUNTRY): TEXAS
15A. MOTHER'S MAIDEN NAME: Margie Mattiemae Lavery
15B. BIRTHPLACE (STATE OR COUNTRY): TEXAS

16. INFORMANT'S SIGNATURE: L. S. Rhodes — ADDRESS: Duncan Ariz.
17. DATE OF DEATH: (MONTH) 6 (DAY) 10 (YEAR) 58

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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) SUFFOCATION ~~DUE~~ — 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) Mucus Plug — 5 minutes
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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6/10, 19 58 TO 6/10, 19 58, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT INFANT WAS Completely ASPHYXIATED ON ARRIVAL FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Joseph J. Smith (DEGREE OR TITLE) DO
22B. ADDRESS: Duncan Arizona
22C. DATE SIGNED: 6/10/58

DEATH DUE TO EXTERNAL VIOLENCE
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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 6/10/58
25C. NAME OF CEMETERY OR CREMATORY: Duncan
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Duncan Ariz
26A. DATE REC. BY LOCAL REG.: 6-10-58
26B. REGISTRAR'S SIGNATURE: Mrs. Delone N. Smith, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: L. S. Rhodes
27B. ADDRESS: Duncan Ariz
28. EMBALMER'S SIGNATURE: No Embalming
28B. EMBALMER'S CERT. NO.

FORM VS-2 REV. 3-15-55 1