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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0038

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY — IN THIS TOWN: 45 yrs; IN ARIZONA: 45 yrs
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 929 13th St

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Ariz. — COUNTY: Cochise
C. CITY OR TOWN: Douglas — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 929 13th St
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) James — B. (MIDDLE) W. — C. (LAST) Rhodes

4. SEX: male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Eleanor
7. DATE OF BIRTH — MONTH: 7 DAY: 21 YEAR: 1888
8. AGE (IN YEARS LAST BIRTHDAY): 71 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Railroad
9B. KIND OF BUSINESS OR INDUSTRY: S.P.Co.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kansas
11. CITIZEN OF WHAT COUNTRY? U S
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.: 700-12-4673
14A. FATHER'S NAME: Ward H. Rhodes
14B. BIRTHPLACE (STATE OR COUNTRY): Kansas
15A. MOTHER'S MAIDEN NAME: Laura V. Simmons
15B. BIRTHPLACE (STATE OR COUNTRY): Vir.
16. INFORMANT'S SIGNATURE: Mrs Eleanor Rhodes — ADDRESS: Douglas, Ariz.
17. DATE OF DEATH — (MONTH): 1 (DAY): 2 (YEAR): 60

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.

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
(A) Chronic Cardiac Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs
DUE TO (B) ~~Cardiac~~ Chronic Myocarditis — ?
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
Cerebrovascular Accident

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 19 56 TO Jan 2 19 60 THAT I LAST SAW THE DECEASED ALIVE ON Jan 1 19 60 AND THAT DEATH OCCURRED AT 3 PM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: H. T. Allen M.D. (DEGREE OR TITLE)
22B. ADDRESS: Douglas Ariz
22C. DATE SIGNED: 1/4/60

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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 1-6-60
25C. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Douglas, Ariz.
26A. DATE REC. BY LOCAL REG.: Jan 7 '60
26B. REGISTRAR'S SIGNATURE: Eva Edamson
27A. FUNERAL DIRECTOR'S SIGNATURE: Gordon Green
27B. ADDRESS: Douglas
28A. EMBALMER'S SIGNATURE: Gordon Green
28B. EMBALMER'S CERT. NO.: 231

FORM VS-7 REV. 3-15-55 — 15M AMPCO 22509

E OF DEATH AND RESIDENCE
DECEDENT'S PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
OPERATIONS AND AUTOPSY
MEDICAL CERTIFICATION
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR