

2163

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NO. 1240

4222

BIRTH NO.

REGISTRAR'S NO. 1

PLACE OF DEATH AND RESIDENCE  
04 X  
98  
5

PERSONAL DATA  
2  
1  
3  
65  
8  
349

CAUSE OF DEATH  
4222  
0  
0  
V

OPERATIONS  
AUTOPSY  
2  
DEATH DUE TO  
INTERNAL  
EVIDENCE  
X

MEDICAL  
CORONER'S  
CERTIFICATION  
1

FUNERAL  
DIRECTOR  
AND  
REGISTRAR  
18  
2

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <u>Hayden</u>	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>20 yrs</u> <u>5</u> <u>20</u> <u>10</u>	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): OR TOWN <u>Hayden</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	

3. NAME OF DECEASED (TYPE OR PRINT) <u>Dolores Rongel Rentaria</u>			4. SEX <u>Female</u>	5. COLOR OR RACE <u>White</u>
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>May</u> DAY <u>31</u> YEAR <u>1883</u>	8. AGE YEARS <u>65</u> MONTHS <u>9</u> DAYS <u>19</u>	IF UNDER 24 HOURS HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>House Wife</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>None</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Mexico</u>	11. CITIZEN OF WHAT COUNTRY? <u>Mexico</u> <input checked="" type="checkbox"/>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO. <u>None</u>
14A. FATHER'S NAME <u>Rongel</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	15A. MOTHER'S MAIDEN NAME <u>Unknown</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>	
16. INFORMANT'S SIGNATURE <u>Dolores Rongel Hayden, Ariz.</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March 19 1949</u>		

18. CAUSE OF DEATH ENTER 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		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>  <u>Years</u>
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u>		
	II. OTHER SIGNIFICANT CONDITIONS MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (3) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c)		

19A. DATE OF OPERATION <u>None</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE <u>None</u>	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>M</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 19 40 TO Mar 19 19 49 THAT I LAST SAW THE DECEASED ALIVE ON Mar 19 49 AND THAT DEATH OCCURRED AT 6P M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <u>Charles M. Huestis M.D.</u>	23B. ADDRESS <u>Hayden, Arizona</u>	23C. DATE SIGNED <u>3-20-49</u>
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>Mar. 21, 1949</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cemetery, Hayden, Arizona</u>
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)	25A. DATE REC'D BY LOCAL REG. <u>March 21, 1949</u>	25B. REGISTRAR'S SIGNATURE <u>N. P. Nash</u>
	25C. FUNERAL DIRECTOR'S SIGNATURE <u>P. J. Nelson Hayden, Ariz.</u>	25D. ADDRESS