

CERTIFICATE OF DEATH

REGISTRAR'S NO. **923**

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BIRTH NO. _____

1. PLACE OF DEATH
A. COUNTY **Maricopa**
B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN **Phoenix**
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA **11 yrs 56 yrs**
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION **Goods Samaritan Hospital (12 days)**

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE **Arizona** B. **Maricopa**
C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN **Phoenix**
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) **133 W. Minnezona**

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) **Thomas** B. (MIDDLE) **Jay** C. (LAST) **Rencher**
4. SEX **Male** 5. COLOR OR RACE **White**

6. MARRIED - - - - - NEVER MARRIED WIDOWED DIVORCED 7. DATE OF BIRTH MONTH **Jan** DAY **13** YEAR **1877** 8. AGE YEARS **73** MONTHS **3** DAYS **25**
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). **Retired Farmer**

9B. KIND OF BUSINESS OR INDUSTRY **Farm** 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **Utah** 11. CITIZEN OF WHAT COUNTRY? **USA** 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN); (IF YES, WAR OR DATES OF SERVICE) **No** 13. SOCIAL SECURITY NO. **None**

14A. FATHER'S NAME **Umstead Rencher** 14B. BIRTHPLACE (STATE OR COUNTRY) **Utah** 15A. MOTHER'S MAIDEN NAME **Elizabeth J. Philpot** 15B. BIRTHPLACE (STATE OR COUNTRY) **N. Carolina**

16. INFORMANT'S SIGNATURE **Ms. Camelia Rencher** ADDRESS **133 W. Minnezona Phx. Ariz** 17. DATE OF DEATH (MONTH) (DAY) (YEAR) **May 8, 1950**

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.
✓ PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) **Uremia**
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a); STATING THE UNDERLYING CAUSE LAST. DUE TO (b) **Post operative Renal Failure**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. **Prostate Hypertrophy**

INTERVAL BETWEEN ONSET AND DEATH
4 days
4 days
about 6 years

19A. DATE OF OPERATION **May 2, 1950** 19B. MAJOR FINDINGS OF OPERATION **Prostatic Hypertrophy** 20. AUTOPSY? YES NO

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) **NONE** 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 _____ 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR? _____

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **4-25** 19**50** TO **5-8** 19**50**. THAT I LAST SAW THE DECEASED ALIVE ON **5-8** 19**50**. AND THAT DEATH OCCURRED AT **10:00AM**. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) **Amuel Joseph MD.** 23B. ADDRESS **711 W. Thomas Rd** 23C. DATE SIGNED **5-9-50**

24A. BURIAL CREMATION REMOVAL 24B. DATE **May 11 1950** 24C. NAME OF CEMETERY OR CREMATORY **Memory Lawn** 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) **Phoenix Ariz**

25A. DATE REC'D BY LOCAL REG. **5/10/50** 25B. REGISTRAR'S SIGNATURE **Beulah Johnston** 26. HEALTH DIRECTOR'S SIGNATURE **A. M. Mortenson** ADDRESS **Phx. Ariz.** 27. FUNERAL HOME'S SIGNATURE **A. M. Mortenson** CERT. NO. **2610**