

CERTIFICATE OF DEATH

04 04 19 AND 0201 RESIDENCE 6	BIRTH NO.	1. PLACE OF DEATH A. COUNTY <u>Sela</u>	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Sela</u>
PRECEDENT	1. PLACE OF DEATH B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>Glabe</u>	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <u>7 days 48 hrs</u>	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Glabe</u>
PERSONAL DATA 148	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Sela General Hosp.</u>	D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>468 South 4th St</u>	REGISTRAR'S NO. <u>84.</u>
XV D	3. NAME OF DECEASED A. (FIRST) <u>Leuire Edward</u> B. (MIDDLE) <u>Rose, Sr</u> C. (LAST) <u>Rose</u>	4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>Aug</u> DAY <u>7</u> YEAR <u>1902</u>	8. AGE YEARS <u>48</u> MONTHS <u>3</u> DAYS <u>7</u>
	9. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
	12. WAS DECEASED EVER IN U. S. ARMY FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>	13. SOCIAL SECURITY NO. <u>526-12-6703</u>	
	14A. FATHER'S NAME <u>Charles Nicholas Rose</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	15A. MOTHER'S MAIDEN NAME <u>Laura Ellen Reynolds</u>
	16. INFORMANT'S SIGNATURE <u>Mr. William E. Bishop</u>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Nov. 14 - 1950</u>	18. TIME OF DEATH (HOUR) (MINUTE) <u>6:30 a.m.</u>
CAUSE OF DEATH (TEM 18)	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) <u>Uremia</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STAT. THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Chromi nephritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>several years</u>
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DEATH DUE TO (EXTERNAL VIOLENCE)	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Nov 13</u> 19 <u>50</u> TO <u>Nov 13</u> 19 <u>50</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Nov 13</u> 19 <u>50</u> AND THAT DEATH OCCURRED AT <u>6:30 A</u> M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.	23A. SIGNATURE (DEGREE OR TITLE) <u>William E. Bishop MD</u>	23B. ADDRESS <u>Glabe Arizona</u>
	23C. DATE SIGNED <u>Nov. 14 1950</u>	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24B. DATE <u>Nov. 16 - 1950</u>
FUNERAL DIRECTOR AND REGISTRAR	24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Central Heights, Arizona</u>	25A. DATE REC'D BY LOCAL REG. <u>11-16-50</u>
	25B. REGISTRAR'S SIGNATURE <u>Gene Waucho</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>Frank P. Phaly, 248-A</u>	27. EMBALMER'S SIGNATURE <u>Frank P. Phaly, 248-A</u>