

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5018

CERTIFICATE OF DEATH

REGISTRAR'S NO. 189.

BIRTH NO.		1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE		REGISTRAR'S NO. 189.	
AGE OF DEATH 74 AND 04		A. COUNTY Gila		IN THIS TOWN 37 yrs IN ARIZONA 37 yrs		A. STATE Arizona		B. COUNTY Gila	
USUAL RESIDENCE X-		C. CITY OR TOWN Globe		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
		D. FULL NAME OF HOSPITAL OR INSTITUTION 379 Tonto street		D. STREET ADDRESS 379 Tonto street		(IF RURAL, GIVE LOCATION)			
		3. NAME OF DECEASED A. (FIRST) Henry B. (MIDDLE) LaVerne C. (LAST) Rhinehart		4. SEX male		5. COLOR OR RACE white			
DECEDENT PERSONAL DATA 774		6. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) married		7. DATE OF BIRTH MONTH DAY YEAR Aug 18 1880		8. AGE (IN YEARS) LAST BIRTHDAY 74		IF UNDER 1 YEAR 0 MONTHS 19 DAYS IF UNDER 24 HRS. ** **	
		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). mining-copper-watchman		11. CITIZEN OF WHAT COUNTRY? U.S.A.		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. 526-07-5500A	
		9B. KIND OF BUSINESS OR INDUSTRY watchman-mining		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri		14B. BIRTHPLACE (STATE OR COUNTRY) Pennsylvania		15A. MOTHER'S MAIDEN NAME Eunice Peck	
		14A. FATHER'S NAME Oren E. Rhinehart		15B. BIRTHPLACE (STATE OR COUNTRY) Pennsylvania		16. INFORMANT'S SIGNATURE <i>Dora Margaret Rhinehart</i>		17. DATE OF DEATH September 7, 1954 at 1:00 P.M.	
CAUSE OF DEATH (ITEM 18)		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). <i>231 X</i>		MEDICAL CERTIFICATION		1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ <i>Generalized Arterio-sclerosis with cerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 years. 3 yrs.</i>	
		+THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.		2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		3. DUE TO (B)			
		PLACE DISEASE CONTRACTED.		11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C)			
OPERATIONS, AUTOPSY 4		19A. DATE OF OPERATION none		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 type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
MEDICAL OR CORONER'S CERTIFICATION 1		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>March</i> , 1951, TO <i>Sept. 7</i> , 1954. THAT I LAST SAW THE DECEASED ALIVE ON <i>Sept. 7</i> , 1954, AND THAT DEATH OCCURRED AT <i>A. M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE <i>T.C. Harper, M.D.</i>		23B. ADDRESS <i>Globe, Arizona</i>		23C. DATE SIGNED <i>9-7-54</i>	
FUNERAL DIRECTOR AND REGISTRAR 17 2 137		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Sept 10, 1954		24C. NAME OF CEMETERY OR CREMATORY Globe C. metery, Globe, Ariz		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.	
		25A. DATE REC'D BY LOCAL REG. 9-10-54.		25B. REGISTRAR'S SIGNATURE <i>Dora Wansler</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>Gene James Walker</i>		27. EMBALMER'S SIGNATURE <i>Gene James Walker</i> ADDRESS <i>Globe Arizona</i> CERT. NO. <i>#323</i>	