

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

7206

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH ND 45 RESIDENCE 1348	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 14 Yrs IN ARIZONA 18 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa		
	C. CITY OR TOWN Wickenburg		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Wickenburg		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Community Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 217 N. Jefferson St.		
IDENTIFICATION 3 167 154	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Arthur B. (MIDDLE) A. C. (LAST) Rubash			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH Aug DAY 29 YEAR 1887	8. AGE (IN YEARS LAST BIRTHDAY) 67	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) Miner
	8B. KIND OF BUSINESS OR INDUSTRY Mining	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Neb	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. Available	
CAUSE OF DEATH ATH M 18)	14A. FATHER'S NAME Frank Rubash		14B. BIRTHPLACE (STATE OR COUNTRY) Germany	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown	
	16. INFORMANT'S SIGNATURE Arthur Rubash, Wickenburg, Arizona			17. DATE OF DEATH (MONTH) (DAY) (YEAR) 12 22 54			
	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.	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) Left ventricular failure DUE TO (B) Cardiac hypertrophy DUE TO (C) arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 5 years 10 years	
ACTIONS OPSY	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct 3 , 19 54 , TO 12-22 , 19 54 , THAT I LAST SAW THE DECEASED ALIVE ON 12-22-54 , 19 54 , AND THAT DEATH OCCURRED AT 3:30 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	22A. SIGNATURE Phannon MD		22B. ADDRESS Wickenburg Arizona	22C. DATE SIGNED 12-24-54		
	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)			
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?				
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED		
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 12-24-54	25C. NAME OF CEMETERY OR CREMATORY Wickenburg		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg, Arizona.		
FUNERAL DIRECTOR ND STRAR	26A. DATE REC. BY LOCAL REG. 12/27/54	26B. REGISTRAR'S SIGNATURE H. H. Wachter	27A. FUNERAL DIRECTOR'S SIGNATURE H. L. Coffinger	27B. ADDRESS Wickenburg Ariz			