

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 50
Registrar's No. 26

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Cocouino (b) City or Town Williams (c) Location Edel Hospital
(If outside city limits write RURAL)
(d) Length of Stay: In Hospital or Institution 38 hrs; In Community 38 hrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix
(If outside city limits write RURAL)
(d) Street No. 321 - north 12th st. (e) If foreign born, in U. S. A. no
(f) Social Security No. 526-09-0186
(If NONE write the word)

3. (a) FULL NAME Jack Arthur Rust
4. Sex male 5. Color or Race white 6. (a) Single, married, widowed or divorced Single
6. (c) Age of husband or wife, if alive. no yrs.

7. Birthdate of deceased: July 26 - 1919
(Month) (Day) (Year)
8. AGE: Years 21 Months 3 Days 15 hrs. min. no
9. Birthplace Mesa - Arizona
(City, town or county) (State or Country)

10. Usual Occupation Bookkeeper
11. Industry or Business American Airlines
12. Name Donalson Rust
13. Birthplace San Antonio Texas
(City, town or county) (State or Country)
14. Maiden Name Liza Bell Jones
15. Birthplace Golden Colo.
(City, town or county) (State or Country)

16. (a) Informant's own signature Laron Mitchell
(b) Address 1817 E Adams Phoenix, Ariz
17. (a) Burial, Cremation or Removal Removal
(b) Place Mesa (c) Date 11-11-40
18. (a) Embalmer's Signature Z. J. Hall
(b) Funeral Director Williams, Arizona
(c) Address 11-11-40
19. (a) 11-11-40 (Date received local Registrar)
(b) C. D. Jeffries (Registrar's Signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH (Month, day and year) 11-11-40
TIME (Hour and minute) 1:15 PM
21. I hereby certify that I attended the deceased from 11-10-40 to 11-11-40
that I last saw him alive on 11-11-40
and that death occurred on the date and hour stated above.
Immediate cause of death
1) Basilar Skull Fracture
2) Intra-cranial Hemorrhage
3) Basilar Skull Fracture
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

DURATION
<u>1 day</u>
<u>2 days</u>
<u>2 days</u>

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence 11-9-40
(c) Where did injury occur? Williams, Arizona (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)
While at work? No (e) Means of injury Car wreck
23. Signature J. W. Edel M.D.
Address Williams Ariz Date signed 11-11-40