ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6330

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2533

**1. PLACE OF DEATH**

A. COUNTY: Maricopa

B. LENGTH OF STAY IN THIS TOWN: 2 yrs. IN ARIZONA: 15 yrs.

C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hosp. Phoenix

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE: Arizona

B. COUNTY: Maricopa

C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1934 E Earrl Drive.

**DECEDENT PERSONAL DATA**

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Frances B. (MIDDLE) E C. (LAST) Bucey

4. SEX: Female

5. COLOR OR RACE: White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

7. DATE OF BIRTH: MONTH Nov. DAY 5 YEAR 1902

8. AGE (IN YEARS LAST BIRTHDAY): 50 — IF UNDER 1 YEAR: MONTHS 0 DAYS 22 HOURS MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife

9B. KIND OF BUSINESS OR INDUSTRY: ----

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tenn.

11. CITIZEN OF WHAT COUNTRY? U.S.A.

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE): ----

13. SOCIAL SECURITY NO.: Unknown

14A. FATHER'S NAME: O.G.Hogon

14B. BIRTHPLACE (STATE OR COUNTRY): Miss.

15A. MOTHER'S MAIDEN NAME: Cora Hood

15B. BIRTHPLACE (STATE OR COUNTRY): Miss.

16. INFORMANT'S SIGNATURE: Edward F. Bucey ADDRESS: 1934 E Earrl Drive Phoenix

17. DATE OF DEATH (MONTH) November (DAY) 27 (YEAR) 1952

**CAUSE OF DEATH (ITEM 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, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.

**MEDICAL CERTIFICATION**

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Melano sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

**OPERATIONS, AUTOPSY**

19A. DATE OF OPERATION: 5-9-52

19B. MAJOR FINDINGS OF OPERATION: Melano sarcoma, right axillary region

20. AUTOPSY? YES [ ] NO [X]

**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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCCUR?

**MEDICAL OR CORONER'S CERTIFICATION**

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-29, 1952, TO 11-27, 1952, THAT I LAST SAW THE DECEASED ALIVE ON 11-27, 1952, AND THAT DEATH OCCURRED AT 2:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: Karl L Harris (DEGREE OR TITLE) MD

23B. ADDRESS: 15 E Monroe, Phoenix Ariz

23C. DATE SIGNED: 11-28-52

**FUNERAL DIRECTOR AND REGISTRAR**

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]

24B. DATE: 11-29-52

24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG.: 11/28/52

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE: Charles E Meier ADDRESS: Phoenix

27. EMBALMER'S SIGNATURE: Leo C. Nussbaum CERT. NO. 170

FORM VS 2 REV. 4-15-52