Dr. Tucker

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7614

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 77

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY IN THIS TOWN: 12 hrs IN ARIZONA: Life
C. CITY OR TOWN: Florence — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR PLACE): Pinal General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN: Florence — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Main Street Florence

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Benjamin
B. (MIDDLE): Brady
C. (LAST): Avenenti

4. SEX: male

5. COLOR OR RACE: white

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

7. DATE OF BIRTH (MONTH, DAY, YEAR): Sept 17 1933

8. AGE (IN YEARS LAST BIRTHDAY): 19 — IF UNDER 1 YEAR: MONTHS 3, DAYS 10 — IF UNDER 24 HRS.: HOURS —, MIN. —

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Student Air Corp. Sgt.

9B. KIND OF BUSINESS OR INDUSTRY: Student Air Corp. Sgt.

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona

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

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

13. SOCIAL SECURITY NO.: —

14A. FATHER'S NAME: Benjamin Avenenti

14B. BIRTHPLACE (STATE OR COUNTRY): Arizona

15A. MOTHER'S MAIDEN NAME: Helen Brady

15B. BIRTHPLACE (STATE OR COUNTRY): Arizona

16. INFORMANT'S SIGNATURE: Benjamin Avenenti — ADDRESS: Superior Bx 466

17. DATE OF DEATH (MONTH, DAY, YEAR): December 27 1952

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 2334

*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

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Fractured skull basal — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

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

DUE TO (B) Contusion of brain, general

DUE TO (C)

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

19A. DATE OF OPERATION: 12-27-52

19B. MAJOR FINDINGS OF OPERATION: Craniotomy with evacuation of clot

20. AUTOPSY? YES [ ] NO [X]

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): Accident

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway 89-89.

21C. (CITY OR TOWN) (COUNTY) (STATE): Rural Pinal Ariz.

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 12-27-52 approx 2½ P.M.

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

21F. HOW DID INJURY OCCUR? unknown

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-27, 1952, TO 12-27, 1952, THAT I LAST SAW THE DECEASED ALIVE ON 12-27, 1952, AND THAT DEATH OCCURRED AT 12:55 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): W Pluker M D

23B. ADDRESS: Florence Arizona

23C. DATE SIGNED: 12-28-52

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

24B. DATE: 12/30/52

24C. NAME OF CEMETERY OR CREMATORY: Florence Cemetery

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

25A. DATE REC'D BY LOCAL REG.: 12-30-52

25B. REGISTRAR'S SIGNATURE: Viola B. Gray

26. FUNERAL DIRECTOR'S SIGNATURE: Cole & Maud Mortuary — ADDRESS: Florence

27. EMBALMER'S SIGNATURE: George Grossmiller — CERT. NO.: 272-A

FORM VS 2 REV. 4-15-52