

2010
355

CERTIFICATE OF DEATH

REGISTRAR'S NO.

PLACE OF DEATH AND RESIDENCE 0322	1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN <u>12 y</u> IN ARIZONA <u>12 y</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Pima</u>	
	C. CITY OR TOWN <u>Tucson</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Tucson</u> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA 135 4 355	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Tucson Medical Center</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>950 Calle Francito</u>		
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Iona</u> B. (MIDDLE) <u>Doris</u> C. (LAST) <u>Shooks</u>			4. SEX <u>F</u>	5. COLOR OR RACE <u>W</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
OPERATIONS, AUTOPSY 1	6B. NAME OF SPOUSE <u>Truman</u>		7. DATE OF BIRTH MONTH <u>1</u> DAY <u>22</u> YEAR <u>20</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>35</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____
	9B. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Mich.</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
CAUSE OF DEATH (ITEM 18) 0 0	14A. FATHER'S NAME <u>Gaylord Sherman</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Michigan</u>		15A. MOTHER'S MAIDEN NAME <u>Anna Kline</u>	
	16. INFORMANT'S SIGNATURE <u>J. E. Shooks</u>			ADDRESS <u>Tucson, Arizona</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Michigan</u>
MEDICAL CERTIFICATION +	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). <input checked="" type="checkbox"/> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Acute endocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			<u>5 weeks</u>
DEATH DUE TO EXTERNAL VIOLENCE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>1944</u> , 19 <u>55</u> , TO <u>3-17</u> , 19 <u>55</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>3-17</u> , 19 <u>55</u> , AND THAT DEATH OCCURRED AT <u>12:40 PM</u> .			
CORONER'S CERTIFICATION /	22A. SIGNATURE <u>Garrett E. Shooks M.D.</u>		22B. ADDRESS <u>1717 E. Speedway</u>		22C. DATE SIGNED <u>March 28, 1955</u>	
	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)	
FUNERAL DIRECTOR AND REGISTRAR 1125-19-55	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			
FUNERAL DIRECTOR AND REGISTRAR 1125-19-55	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>3-19-55</u>		25C. NAME OF CEMETERY OR CREMATORY <u>South Lawn Memorial Park</u>	
	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>		26A. DATE REC. BY LOCAL REG. <u>11-25-19-55</u>		26B. REGISTRAR'S SIGNATURE <u>J. E. Shooks</u>	
27A. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Yocum</u>		27B. ADDRESS <u>Arizona Mortuary Tucson, Arizona</u>				