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R-38081

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. **5337**

PLACE OF DEATH  
AND  
USUAL RESIDENCE  
3012

DECEDENT  
PERSONAL  
DATA

CAUSE  
OF  
DEATH  
(IEM 18)

OPERATIONS  
AUTOPSY

MEDICAL  
CERTIFICATION

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

CORONER'S  
CERTIFICATION

FUNERAL  
DIRECTOR  
AND  
REGISTRAR

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <b>Pima</b>		B. LENGTH OF STAY IN THIS TOWN <b>50 yrs.</b> IN ARIZONA <b>58 yrs.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Pima</b>			
C. CITY OR TOWN <b>Tucson</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Tucson</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>VAH, Tucson, Arizona</b>		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>3301 E. 26th Street</b>					
3. NAME OF DECEASED (TYPE OR PRINT) <b>Monroe H. WINSTEAD</b>			A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	
6B. NAME OF SPOUSE <b>Lorena H. Winstead</b>		7. DATE OF BIRTH MONTH <b>4</b> DAY <b>28</b> YEAR <b>97</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>58</b>	IF UNDER 1 YEAR MONTHS <b>-</b> DAYS <b>-</b>	IF UNDER 24 HRS. HOURS <b>-</b> MIN. <b>-</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Elevator operator</b>			
9B. KIND OF BUSINESS OR INDUSTRY - - - - -		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>Yes 5/27/18 5/23/19</b>		13. SOCIAL SECURITY NO. <b>Unknown</b>		
14A. FATHER'S NAME <b>Harvey Winstead (Deceased)</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>Kansas</b>		15A. MOTHER'S MAIDEN NAME <b>Margaret Teeter (Deceased)</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Iowa</b>		
16. INFORMANT'S SIGNATURE <b>VA Hospital Records, Tucson, Arizona</b>				ADDRESS		17. DATE OF DEATH (MONTH) <b>April</b> (DAY) <b>30</b> (YEAR) <b>1955</b>			
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR <b>1st</b> <b>51-61</b> . ‡ 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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) <b>Acute myocardial infarction</b> DUE TO (B) <b>Arteriosclerotic heart disease</b> DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>6 yrs.</b>			
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 <b>2/7</b> , 19 <b>55</b> , TO <b>4/30</b> , 19 <b>55</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>4/30</b> , 19 <b>55</b> , AND THAT DEATH OCCURRED AT <b>3:20 P.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE <b>C.A. JANDA, M.D., ACTING CHIEF, MEDICAL SERVICE</b>		22B. ADDRESS <b>VAH, Tucson, Arizona</b>		22C. DATE SIGNED <b>5/2/55</b>			
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)					
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>M</b>		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 <b>5/3/55</b>		25C. NAME OF CEMETERY OR CREMATORY <b>South Lawn Memorial Park</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Tucson, Arizona</b>			
26A. DATE REC. BY LOCAL REP. <b>5-3-55</b>		26B. REGISTRAR'S SIGNATURE <b>Neen H. Oakes</b>		27A. FUNERAL DIRECTOR'S SIGNATURE <b>Bring's Funeral Home</b>		27B. ADDRESS <b>Tucson, Arizona</b>			