

BIRTH NO. R-39699

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1321

OF DEATH AND RESIDENCE 82 3012	1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 5 months IN ARIZONA 6 months		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Pima			
	C. CITY OR TOWN Tucson		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tucson <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) VAH, Tucson, Arizona					D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 505 W. Ajo Way		
IDENTIFICATION DATA 56 9 X55	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Svend B. (MIDDLE) C. C. (LAST) HANSEN			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Luel Hansen		7. DATE OF BIRTH MONTH 2 DAY 7 YEAR 99	8. AGE (IN YEARS LAST BIRTHDAY) 56	IF UNDER 1 YEAR MONTHS - DAYS -	IF UNDER 24 HRS. HOURS - MIN. -	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Carpenter	
	9B. KIND OF BUSINESS OR INDUSTRY ---	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Denmark	11. CITIZEN OF WHAT COUNTRY? U.S.A. (Nat.)	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes 11/24/42 4/2/43	13. SOCIAL SECURITY NO. 114-05-4352			
14A. FATHER'S NAME Anton Hansen (Dec.)			14B. BIRTHPLACE (STATE OR COUNTRY) Denmark	15A. MOTHER'S MAIDEN NAME Peterine Brangssrop (Dec.)		15B. BIRTHPLACE (STATE OR COUNTRY) Denmark		
16. INFORMANT'S SIGNATURE VA Hospital Records, Tucson, Arizona				ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) November 12 1955		
CAUSE OF DEATH (EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A, B, C). 403X ‡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) Pulmonary emboli, massive DUE TO (B) Thrombophlebitis, left leg DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH Minutes 1/2 3 days	
	PLACE DISEASE CONTRACTED.		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	RATIONS, TPTOPSY							
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10/23 1955, TO 11/12 1955, THAT I LAST SAW THE DECEASED ALIVE ON 11/12 1955, AND THE DEATH OCCURRED AT 10:20 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. ADDRESS RICHARD S. ARMSTRONG, M.D., CHIEF, LAB. SER. VAH, TUCSON, ARIZONA					22B. ADDRESS		22C. DATE SIGNED 11/14/55
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE		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		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	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 11/15/55	25C. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona		
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 11-14-55		26B. REGISTRAR'S SIGNATURE		27A. FUNERAL DIRECTOR'S SIGNATURE Howard M. Bing		27B. ADDRESS Bring's Funeral Home Tucson, Arizona	