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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5380

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 976

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 6 wks; IN ARIZONA: 6 wks
C. CITY OR TOWN: Tucson — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Vet. Adm. Hosp. Tucson, Ariz.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Michigan
B. COUNTY: Wayne County
C. CITY OR TOWN: Highland Park — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 99 North Avenue

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Hiram B. (MIDDLE) Earl C. (LAST) FLEMING
4. SEX: Male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married
6B. NAME OF SPOUSE: —
7. DATE OF BIRTH — MONTH: 8 DAY: 22 YEAR: 89
8. AGE (IN YEARS LAST BIRTHDAY): 66
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): Stenographer
9B. KIND OF BUSINESS OR INDUSTRY: —
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Sault St. Marie, Mich. U.S.A.
11. CITIZEN OF WHAT COUNTRY?
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE): Yes - 4-26-18 to 12-7-19
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: John (Deceased) Canada
14B. BIRTHPLACE (STATE OR COUNTRY): Canada
15A. MOTHER'S MAIDEN NAME: Elizabeth Campbell (Deceased)
15B. BIRTHPLACE (STATE OR COUNTRY): Canada
16. INFORMANT'S SIGNATURE: VA Hospital Records, ADDRESS: Vet. Adm. Hosp. Tucson, Ariz.
17. DATE OF DEATH (MONTH) August (DAY) 1, (YEAR) 1956

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Congestive heart failure, left — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Combined arteriosclerotic and hypertensive heart disease — 11 yrs.
DUE TO (C) Chronic bronchitis with pulmonary emphysema — 30 yrs.

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

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I VA ATTENDED THE DECEASED FROM June 22, 1956, TO August 1, 1956, THAT I LAST SAW THE DECEASED ALIVE ON August 1, 1956, AND THAT DEATH OCCURRED AT 7:00 a.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): J. N. PLUMER, M.D., CHIEF, MEDICAL SERVICE
22B. ADDRESS: VET. ADM. HOSP. TUCSON, ARIZONA
22C. DATE SIGNED: 8-1-56

DEATH DUE TO EXTERNAL VIOLENCE
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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 8/4/56
25C. NAME OF CEMETERY OR CREMATORY: - - - - - - - -
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Highland Park, Michigan
26A. DATE REC. BY LOCAL REG.: 8-3-56
26B. REGISTRAR'S SIGNATURE: Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
27B. ADDRESS: Bring's Funeral Home, Tucson, Arizona

FORM VS-2 REV. 6-1-55 AMPCO