ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4094

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 303

1. PLACE OF DEATH
A. COUNTY: PIMA
B. LENGTH OF STAY — IN THIS TOWN: 1947 — IN ARIZONA: same
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): 336 North Treat

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — B. COUNTY: Pima
C. CITY OR TOWN: Tucson — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 336 N. Treat
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) RAy — B. (MIDDLE) Sylvester — C. (LAST) COOKE, DDS

4. SEX: Male — 5. COLOR OR RACE: White — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Esther

7. DATE OF BIRTH: MONTH 8 — DAY 1 — YEAR 89

8. AGE (IN YEARS LAST BIRTHDAY): 67 yrs. — 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): Dentist

9B. KIND OF BUSINESS OR INDUSTRY: Dentist

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Wisconsin

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

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): WW 1 Navy — (IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO.

14A. FATHER'S NAME: Sylvester Cooke

14B. BIRTHPLACE (STATE OR COUNTRY)

15A. MOTHER'S MAIDEN NAME: Clara Dell Condit

15B. BIRTHPLACE (STATE OR COUNTRY)

16. INFORMANT'S SIGNATURE: Esther Cooke — ADDRESS: Tucson, Arizona

17. DATE OF DEATH: (MONTH) June (DAY) 11, (YEAR) 1957

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: ?

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

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19__, TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
Seen after death

22A. SIGNATURE: Geo Hartman MD (DEGREE OR TITLE) — 22B. ADDRESS: Tucson Arizona — 22C. DATE SIGNED: 6/12/57

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): 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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: Edward J. White

24B. ADDRESS: Tucson Ariz

24C. DATE SIGNED: 6/12/57

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

25B. DATE: 6/15/57

25C. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Chicago, Illinois

26A. DATE REC. BY LOCAL REG.: 6-15-57

26B. REGISTRAR'S SIGNATURE: Irene H. Cole, Deputy

27A. FUNERAL DIRECTOR'S SIGNATURE: Wesley Allen, ARIZONA MORTUARY, Inc.

27B. ADDRESS: Tucson, Arizona

28. EMBALMER'S SIGNATURE: By: Charles E. Brooks

28B. EMBALMER'S CERT. NO.: 378-A

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