ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4099

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 802

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 6 mos. IN ARIZONA: 6 mos.
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): 1706 E Copper St.

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): 1706 E Copper St.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Clarence B. (MIDDLE) Andrew C. (LAST) Eaton
4. SEX: male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
6B. NAME OF SPOUSE: Lucy Cutter Eaton
7. DATE OF BIRTH — MONTH: Aug. DAY: 7 YEAR: 1873
8. AGE (IN YEARS LAST BIRTHDAY): 83 — 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): Electrical engineer
9B. KIND OF BUSINESS OR INDUSTRY: retired
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Pennsylvania
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE): --
13. SOCIAL SECURITY NO.: 288-20-8148A
14A. FATHER'S NAME: Charles A. Eaton
14B. BIRTHPLACE (STATE OR COUNTRY): Pa.
15A. MOTHER'S MAIDEN NAME: Emily Moore
15B. BIRTHPLACE (STATE OR COUNTRY): Pa.
16. INFORMANT'S SIGNATURE: Vivian L. Olson ADDRESS: 1706 E Copper St
17. DATE OF DEATH (MONTH) June (DAY) 14 (YEAR) 1957

CAUSE OF DEATH (ITEM 18)

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) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hemp. arteriosclerosis — years
DUE TO (C) — years

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

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6/11/57, 19__, TO 6/14, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 6/14, 1957, AND THAT DEATH OCCURRED AT ___ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [illegible] (DEGREE OR TITLE) M.D.
22B. ADDRESS: 3131 E Broadway
22C. DATE SIGNED: 6/17/57

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?

CORONER'S CERTIFICATION

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

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: June 17/57
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 6-17-57
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: Parker-Kerr Mortuary
27B. ADDRESS: Tucson, Arizona

FORM VS-2 REV. 6-1-50 AMPCO 70031