XC-126 796
R-42 821
BIRTH NO.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4865

# CERTIFICATE OF DEATH

REGISTRAR'S NO. 910

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 6½ yrs. IN ARIZONA 6½ yrs.
C. CITY OR TOWN: Tucson — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): VAH, Tucson, Arizona

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 [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2833 Kleindale
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Cyril B. (MIDDLE) W. C. (LAST) BAZEL
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Laura A. Bazel
7. DATE OF BIRTH: MONTH 8 DAY 14 YEAR 96
8. AGE (IN YEARS LAST BIRTHDAY): 60
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): Plumber
9B. KIND OF BUSINESS OR INDUSTRY: Plumbing
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa
11. CITIZEN OF WHAT COUNTRY?: U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): 6/1/17 1/21/19
13. SOCIAL SECURITY NO.: 527-40-5784
14A. FATHER'S NAME: William Bazel (Dec.)
14B. BIRTHPLACE (STATE OR COUNTRY): Iowa
15A. MOTHER'S MAIDEN NAME: Emma Gabeline (Dec.)
15B. BIRTHPLACE (STATE OR COUNTRY): Iowa
16. INFORMANT'S SIGNATURE ADDRESS: VA HOSPITAL RECORDS, TUCSON, ARIZONA
17. DATE OF DEATH (MONTH) July (DAY) 2 (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Hypertension of lesser circulation, decompensated — INTERVAL BETWEEN ONSET AND DEATH: 4 3/4 years

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Emphysema, pulmonary, bilateral severe — 4 3/4 years
DUE TO (C) — cod

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Tuberculosis, pulmonary, far advanced, active — 17 months

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I VA ATTENDED THE DECEASED FROM 2/14, 19 57, TO 7/2, 19 57, THAT I LAST SAW THE DECEASED ALIVE ON 7/2, 19 57, AND THAT DEATH OCCURRED AT 7:55 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): D. H. BRING, M.D., ACTING CHIEF, TB SERVICE
22B. ADDRESS: VAH, TUCSON, ARIZONA
22C. DATE SIGNED: 7/3/57

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] NATURAL CAUSE [X] (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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: July 5, 1957
25C. NAME OF CEMETERY OR CREMATORY: So. Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 7-5-57
26B. REGISTRAR'S SIGNATURE: [signature]
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: Adair Funeral Home, Tucson, Arizona

FORM VS-2 REV. 6-1-55 AMPCO 77593

11 DATE OF DEATH
82 AND
RESIDENCE
3012
1
DECEDENT
PERSONAL DATA 160
4
757
CAUSE OF DEATH (ITEM 18) 2
2
OPERATIONS, AUTOPSY 2
MEDICAL CERTIFICATION 1
55
FUNERAL DIRECTOR AND REGISTRAR 2
106