ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5269

CERTIFICATE OF DEATH

BIRTH NO. 7356

REGISTRAR'S NO. 2108

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 3½ mo; IN ARIZONA: Life
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Shattuck Foster Home

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Craig B. (MIDDLE) C. C. (LAST) Hancock
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE: - - - - - - - - - -
7. DATE OF BIRTH — MONTH: 4 DAY: 13 YEAR: 57
8. AGE (IN YEARS LAST BIRTHDAY) — IF UNDER 1 YEAR: MONTHS: 3 DAYS: 28 — IF UNDER 24 HRS.: HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Infant
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.: None
14A. FATHER'S NAME: Jerry D. Hancock
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Irene Crockett
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE / ADDRESS: Jerry Hancock, Pima, Arizona
17. DATE OF DEATH — (MONTH) August (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Congenital hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: from birth

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
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 July 3, 1957 TO Aug. 11, 1957, THAT I LAST SAW THE DECEASED ALIVE ON Aug 11, 1957 AND THAT DEATH OCCURRED AT 4:55 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John W. Jones, M.D. (DEGREE OR TITLE)
22B. ADDRESS: 694 E. Southern Ave
22C. DATE SIGNED: Aug 11, 1957

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: 8/11/57
25C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima, Arizona
26A. DATE REC. BY LOCAL REG.: 8/11/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: L. M. Mortensen
27B. ADDRESS: Phoenix, Arizona
28. EMBALMER'S SIGNATURE: L. M. Mortensen
28B. EMBALMER'S CERT. NO.: 261

FORM VS-2 REV. 3-15-55

17 05 — CE OF DEATH 9 AND 31 — AL RESIDENCE X — DECEDENT PERSONAL DATA 203 0 857 — 752X CAUSE OF DEATH (ITEM 18) 0 0 — ERATIONS, AUTOPSY 2 — MEDICAL TIFICATION 1 — DEATH DUE TO EXTERNAL VIOLENCE — ORONER'S TIFICATION — UNERAL 05 IRECTOR 05 AND GISTRAR 2 — 0