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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8289

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1754

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 13 yrs; IN ARIZONA: 13 yrs
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): Veterans Adm. Hospital

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): 421 W. Wyoming
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Gerald B. (MIDDLE) C. (LAST) ASHTON

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: 12 DAY: 19 YEAR: 34
8. AGE (IN YEARS LAST BIRTHDAY): 23
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): Burrhand
9B. KIND OF BUSINESS OR INDUSTRY: Machine Shop
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Castle, Ind.
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) - 1/12/42 to 2/20/56
13. SOCIAL SECURITY NO. 526-38-4837
14A. FATHER'S NAME: Nelson (L)
14B. BIRTHPLACE (STATE OR COUNTRY): U.S.A. Pa.
15A. MOTHER'S MAIDEN NAME: Edna Beatty (L)
15B. BIRTHPLACE (STATE OR COUNTRY): USA Tenn.
16. INFORMANT'S SIGNATURE: VA Hospital Records, VAH, Tucson, Arizona — ADDRESS
17. DATE OF DEATH (MONTH) December (DAY) 20, (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) Mesenteric and celiac thromboses — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Metastatic carcinoma, abdomen — 1 year
DUE TO (C) Undifferentiated carcinoma, nasopharynx — 17 months

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 10/1/ 1957 TO 12/20/ 1957 LAST SAW THE DECEASED ALIVE ON 12/28/ 1957 AND THAT DEATH OCCURRED AT 10:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): RICHARD S. ARMSTRONG, M. D., CHIEF, LAB SVC
22B. ADDRESS: VAH, TUCSON, ARIZONA
22C. DATE SIGNED: 12/23/57

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: 12/23/57
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.: 12-23-57
26B. REGISTRAR'S SIGNATURE: Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Alvin Bring
27B. ADDRESS: Bring's Funeral Home, Tucson, Arizona
28. EMBALMER'S SIGNATURE: Alvin Bring
28B. EMBALMER'S CERT. NO.: 192

FORM VS-2 REV. 3-15-55

OF DEATH / AND / RESIDENCE — 11, 82, 302
CEDENT / RSONAL / DATA — 1, 2, 23, 4, 157
CAUSE / OF / DEATH / EM 18) — 146X, 0, 0
RATIONS, / UTOPSY — 1
EDICAL / FICATION — 7, 5
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S / FICATION — 1
NERAL / RECTOR / AND / GISTRAR — 6, 2, 113