ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8918

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1660

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 14 years; IN ARIZONA:
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): St. Mary's Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 826 Calle Francita
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

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

4. SEX: Fe.
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE: ---
7. DATE OF BIRTH — MONTH: 8 DAY: 27 YEAR: 03
8. AGE (IN YEARS LAST BIRTHDAY): 54 — 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): At Home
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Michigan
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): --- (IF YES, WAR OR DATES OF SERVICE): ---
13. SOCIAL SECURITY NO.: ---
14A. FATHER'S NAME: Peter Shooks
14B. BIRTHPLACE (STATE OR COUNTRY): Netherlands
15A. MOTHER'S MAIDEN NAME: Anna Swart
15B. BIRTHPLACE (STATE OR COUNTRY): Netherlands
16. INFORMANT'S SIGNATURE: Trueman Shooks — ADDRESS: Tucson, Arizona
17. DATE OF DEATH (MONTH) December (DAY) 5, (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) Acute congestive cardiac failure — 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) Myocardopathy — unknown
DUE TO (C) Cause undetermined — unknowa

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10/14/ 19 57 TO 12/5 19 57 THAT I LAST SAW THE DECEASED ALIVE ON 12/6/ 19 57 AND THAT DEATH OCCURRED AT 7:45 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): D.W. Hoss, M. D.
22B. ADDRESS: 544 S. Sixth Av., Tucson
22C. DATE SIGNED: 12/7/57

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 12-7-57
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.: 12-9-57
26B. REGISTRAR'S SIGNATURE: Joseph H. Dobey, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Lucas
27B. ADDRESS: Arizona Mortuary
28. EMBALMER'S SIGNATURE: Pablo S Cota
28B. EMBALMER'S CERT. NO.: 349

FORM VS-2 REV. 3-15-56

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