ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 5357

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2327

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 9 Mos. IN ARIZONA: 9 Mos.
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): Veterans Administration Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 620 S. 39th Place
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) TRUMAN B. (MIDDLE) J. C. (LAST) SCRUGGS

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ruby Scruggs
7. DATE OF BIRTH — MONTH: 9 DAY: 13 YEAR: 21
8. AGE (IN YEARS LAST BIRTHDAY): 37 — 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): Laborer
9B. KIND OF BUSINESS OR INDUSTRY: —
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
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): WW II
13. SOCIAL SECURITY NO.: 444 12 4622
14A. FATHER'S NAME: James Scruggs
14B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
15A. MOTHER'S MAIDEN NAME: Elba Osborn
15B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
16. INFORMANT'S SIGNATURE AND ADDRESS: VA Hospital Records, Phoenix, Arizona
17. DATE OF DEATH (MONTH) JULY (DAY) 26, (YEAR) 1959

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) Malignant melanoma of left eye with generalized metastases.

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. — —

INTERVAL BETWEEN ONSET AND DEATH: 1 Year

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

21. I HEREBY CERTIFY THAT I / VA ATTENDED THE DECEASED FROM 7/20, 19 59, TO 7/26, 19 59. AND THAT DEATH OCCURRED AT 12:15 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): H. LIEBER, M.D., Chief, Surgical Service
22B. ADDRESS: VA Hospital, Phoenix, Arizona
22C. DATE SIGNED: 7/27/59

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: 7/29/59
25C. NAME OF CEMETERY OR CREMATORY: Lone Cedar Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Ardmore, Oklahoma

26A. DATE REC. BY LOCAL REG.: 7/28/59
26B. REGISTRAR'S SIGNATURE: Beulah J. Luster
27A. FUNERAL DIRECTOR'S SIGNATURE: Denny J. Toman
27B. ADDRESS
28A. EMBALMER'S SIGNATURE: Denny J. Toman
28B. EMBALMER'S CERT. NO.

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