ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7176

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1477

1. PLACE OF DEATH
A. COUNTY: Pina
B. LENGTH OF STAY — IN THIS TOWN: 25 yrs; IN ARIZONA: 25 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): St. Mary's Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pina
C. CITY OR TOWN: Tucson — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET (IF RURAL, GIVE LOCATION) ADDRESS: 224 N. Olson
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

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

4. SEX: Fem. 5. COLOR OR RACE: White 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single

6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH 6 DAY 18 YEAR 02
8. AGE (IN YEARS LAST BIRTHDAY): 57 yrs. 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): Bookkeeper
9B. KIND OF BUSINESS OR INDUSTRY: Lumber Co.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): — (IF YES, WAR OR DATES OF SERVICE): —
13. SOCIAL SECURITY NO.: yes
14A. FATHER'S NAME: Peter P. Rencher
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Betha Stubbs
15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: Mrs. Paris Ashcroft, ADDRESS: Eager, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): September 27, 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) Brain tumor, metastatic — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Probable malignant melanoma — 6 yr.
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 9-1, 1959 TO 9-27, 1959 THAT I LAST SAW THE DECEASED ALIVE ON 9/27, 1959 AND THAT DEATH OCCURRED AT 8:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Juan C. Fonseca MD
22B. ADDRESS: 2409 E. Adams
22C. DATE SIGNED: SEP 29 1959

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: 10/1/59
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Eagar, Arizona
26A. DATE REC. BY LOCAL REG.: 10-1-59
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: Vera E. Lacum
27B. ADDRESS: Arizona Mortuary
28A. EMBALMER'S SIGNATURE: Pablo S. Cota
28B. EMBALMER'S CERT. NO.: 347

FORM VS-2 REV. 3-13-13 25M AMPCO 26[illegible]

DATE OF DEATH AND RESIDENCE 11 11 0330
DECEDENT PERSONAL DATA 1 2 2 157 0 9 1
CAUSE OF DEATH (ITEM 18) 1909 0 0
OPERATIONS, AUTOPSY 2
MEDICAL CERTIFICATION 4
FUNERAL DIRECTOR AND REGISTRAR 55 2 125