Punched
Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7954

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1538

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 18 yrs. IN ARIZONA: 18 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. Marys 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): Rt. 8, Box 664
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Warren B. (MIDDLE) R. C. (LAST) Sellers
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Harriett Sellers
7. DATE OF BIRTH — MONTH: Sept DAY: 17 YEAR: 1904
8. AGE (IN YEARS LAST BIRTHDAY): 55 — 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): Yard Master
9B. KIND OF BUSINESS OR INDUSTRY: Yard Master
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
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. 441-01-4040
14A. FATHER'S NAME: James Sellers
14B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
15A. MOTHER'S MAIDEN NAME: Maggie Crall
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Harriett Sellers ADDRESS: Rt. 8, Box 664
17. DATE OF DEATH — (MONTH) October (DAY) 10 (YEAR) 1959

CAUSE OF DEATH (ITEM 18)

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) Peri Ventritis — INTERVAL BETWEEN ONSET AND DEATH: 72 hr.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Gastric resection
DUE TO (C)

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

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: 10-7-59
19B. MAJOR FINDINGS OF OPERATION: Duodenal ulcer
20. AUTOPSY? YES ☒ NO ☐

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-3, 19 59 TO 10-7, 19 59 THAT I LAST SAW THE DECEASED ALIVE ON 10-7, 19 59 AND THAT DEATH OCCURRED AT 5:20 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): [illegible] M.D.
22B. ADDRESS: 770 North Country Club Rd.
22C. DATE SIGNED: 10/ /59

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: 10/13/59
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 10-14-59
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: Arthur L. Adair — Adair Funeral Home
27B. ADDRESS: Tucson, Arizona
28A. EMBALMER'S SIGNATURE: Arthur L. Adair
28B. EMBALMER'S CERT. NO. 260-A

FORM VS-2 REV. 3-15-55 15M AMPCO 2259