

Verified 77

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

90294

CERTIFICATE OF DEATH

BIRTH NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 1 day 80 Yrs.		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO.			
	C. CITY OR TOWN St. David		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tucson		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION St. David Residence				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 703 West 33rd. St.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED A. (FIRST) Abraham B. (MIDDLE) John C. (LAST) Busby			4. SEX Male		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Clara Goodman Busby			7. DATE OF BIRTH MONTH DAY YEAR 1 16 1877		8. AGE (IN YEARS) IF UNDER 1 YEAR IF UNDER 24 HRS. LAST BIRTHDAY) MONTHS DAYS HOURS MIN. 82 Yrs.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Retired Rancher		
	9B. KIND OF BUSINESS OR INDUSTRY Ranching		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Randolph, Utah		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 526-04-1819	
14A. FATHER'S NAME John James Busby			14B. BIRTHPLACE (STATE OR COUNTRY) England		15A. MOTHER'S MAIDEN NAME Rose Hannah Taylor			15B. BIRTHPLACE (STATE OR COUNTRY) England		
16. INFORMANT'S SIGNATURE <i>John Busby</i> Tucson, Ariz.										
17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 7th., 1959										
CAUSE OF DEATH OF DEATH (EM 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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) <i>Coronary thrombosis</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C) <i>Senility</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i> <i>years (82)</i> <i>years</i>		
	II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Arthritis Hypertension</i>		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>April 1959</i> TO <i>Dec 7, 1959</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Dec 6, 1959</i> AND THAT DEATH OCCURRED AT <i>St. David</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
DEATH DUE TO EXTERNAL VIOLENCE	22. SIGNATURE <i>M. D. Benson</i>		22B. ADDRESS M. D. Benson Hospital, Benson, Ariz.		22C. DATE SIGNED 12-7-59					
	23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			23C. (CITY OR TOWN) (COUNTY) (STATE)				
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?					
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED			
	25A. BURIAL OR CREMATION <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 12/10/59		25C. NAME OF CEMETERY OR CREMATORY L. D. S. Cemetery			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) St. David, Arizona		
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 12-7-1959		26B. REGISTRAR'S SIGNATURE <i>Amy Lemmy Day, Reg.</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Howard A. Bring</i>		27B. ADDRESS Bring's Funeral Home Tucson, Arizona			
	28A. EMBALMER'S SIGNATURE <i>Howard A. Bring</i>		28B. EMBALMER'S CERT. NO. 222							