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Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0280

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 152

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY — IN THIS TOWN: 10 YR — IN ARIZONA: 10 YR
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): GOOD SAMARITAN HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: COLORADO
B. COUNTY: MONTEZUMA
C. CITY OR TOWN: MESA VERDE NAT. PK. — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): GENERAL DELIVERY
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

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

4. SEX: M
5. COLOR OR RACE: CAUC.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: ORAL GENE
7. DATE OF BIRTH — MONTH: 3 DAY: 1 YEAR: '05
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): PAINTER
9B. KIND OF BUSINESS OR INDUSTRY: CONTRACTING
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ILLINOIS
11. CITIZEN OF WHAT COUNTRY? U. S.
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.: 274-05-7107
14A. FATHER'S NAME: JAMES A. HARRISON
14B. BIRTHPLACE (STATE OR COUNTRY): ILL.
15A. MOTHER'S MAIDEN NAME: MARY JANE UPCHURCH
15B. BIRTHPLACE (STATE OR COUNTRY): ILLINOIS
16. INFORMANT'S SIGNATURE: MRS. WANDA KIMBRO — ADDRESS: PHOENIX
17. DATE OF DEATH — (MONTH) JANUARY (DAY) 9 (YEAR) 1960

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) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 mo'ths

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Metastatic Carcinoma of Brain — 1 month
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 12-23, 1959 TO 1/9, 1960 THAT I LAST SAW THE DECEASED ALIVE ON 1/9, 1960 AND THAT DEATH OCCURRED AT 6 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Harry W. Ramsayer M.D. (DEGREE OR TITLE)
22B. ADDRESS: Phoenix, Arizona
22C. DATE SIGNED: 1/11/60

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: 1-12-60
25C. NAME OF CEMETERY OR CREMATORY: GREENWOOD MEM. PARK
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PHOENIX, ARIZONA

26A. DATE REC. BY LOCAL REG.: 1/12/60
26B. REGISTRAR'S SIGNATURE: Beulah Johnson
27A. FUNERAL DIRECTOR'S SIGNATURE: Ralph Lee
27B. ADDRESS: PHOENIX, ARIZ.
28A. EMBALMER'S SIGNATURE: John R. O'Neill
28B. EMBALMER'S CERT. NO.: 372 A

FORM VS-2 REV. 2-15-55 — 25M — PARADISE CHAPEL AND FUNERAL HOME