Punched
Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0954

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 158

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 18 yrs; IN ARIZONA 18yrs
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): West Linda Vista Rd.

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): West Linda Vista Rd
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Truman
B. (MIDDLE): Monroe
C. (LAST): Elliott

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Martha Louise
7. DATE OF BIRTH: MONTH 5 DAY 22 YEAR 10
8. AGE (IN YEARS LAST BIRTHDAY): 49 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): Merchant
9B. KIND OF BUSINESS OR INDUSTRY: Electronics
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
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. 526-03-6710
14A. FATHER'S NAME: John Edward Elliott
14B. BIRTHPLACE (STATE OR COUNTRY): ---
15A. MOTHER'S MAIDEN NAME: Clemmie Jane Edgin
15B. BIRTHPLACE (STATE OR COUNTRY): ---
16. INFORMANT'S SIGNATURE: Martha Louise Elliott, ADDRESS: Tucson, Ariz.
17. DATE OF DEATH (MONTH) January (DAY) 24, (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) Hypernephroma c̄ Metastases — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
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.

19A. DATE OF OPERATION: 1 yr ago.
19B. MAJOR FINDINGS OF OPERATION: Nephrectomy - hypernephroma
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 8, 1958 TO Jan 24, 1960 THAT I LAST SAW THE DECEASED ALIVE ON Jan 23, 1960 AND THAT DEATH OCCURRED AT 10:40 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [illegible] Martin M.D. (DEGREE OR TITLE)
22B. ADDRESS: 101 Craycroft Med. Bldg.
22C. DATE SIGNED: 1-25-61

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: 1/27/60
25C. NAME OF CEMETERY OR CREMATORY: Masonic Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 1-26-60
26B. REGISTRAR'S SIGNATURE: Theresa H. Gokey
27A. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Green
27B. ADDRESS: Arizona Mortuary
28A. EMBALMER'S SIGNATURE: Pablo S. Gata
28B. EMBALMER'S REGT. NO.: 347

FORM VS-2 REV. 3-15-53 25M AMPCO 28[illegible]