

PUNCHED  
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

6242  
1183

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND RESIDENCE 0320	1. PLACE OF DEATH A. COUNTY <i>Pima</i>		B. LENGTH OF STAY IN THIS TOWN <i>2 1/2 yrs.</i> IN ARIZONA <i>2 1/2 yrs.</i>		2. USUAL RESIDENCE A. STATE <i>Arizona</i>		WHERE DECEASED LIVED IF INSTITUTION: RESIDENCE BEFORE ADMISSION B. COUNTY <i>Pima</i>				
	C. CITY OR TOWN <i>Tucson</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Tucson</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				
DECEDENT PERSONAL DATA 169 4 76	D. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Hospital</i>				D. STREET (IF RURAL, GIVE LOCATION) <i>615 W. Alturas</i>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Dennis</i>			B. (MIDDLE) <i>Julian</i>		C. (LAST) <i>Gordon</i>		4. SEX <i>Male</i>	5. COLOR OR RACE <i>White</i>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Married</i>	
CAUSE OF DEATH (ITEM 18) 0 0	6B. NAME OF SPOUSE <i>Matilda</i>		7. DATE OF BIRTH MONTH DAY YEAR <i>11 27 98</i>		B. AGE (IN YEARS) LAST BIRTHDAY) <i>62 yrs.</i>		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) <i>Clerk</i>		
	9B. KIND OF BUSINESS OR INDUSTRY <i>Steel Mills</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Illinois</i>		11. CITIZEN OF WHAT COUNTRY? <i>USA</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO. <i>335-10-4253</i>		
OPERATIONS, AUTOPSY 2	14A. FATHER'S NAME <i>Dennis Gordon</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Indiana</i>		15A. MOTHER'S MAIDEN NAME <i>Alice Shiek</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Missouri</i>				
	16. INFORMANT'S SIGNATURE <i>Mrs. Matilda Gordon, Tucson, Arizona</i>				ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>July 7, 1961</i>				
MEDICAL CERTIFICATION X	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINK 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.		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.  II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						MEDICAL CERTIFICATION <i>Coronary Artery Disease with Acute Coronary Occlusion &amp; Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 Hour</i>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DEATH DUE TO EXTERNAL VIOLENCE	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>6th July, 1961</i> TO <i>7th July, 1961</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>7th July, 1961</i> , AND THAT DEATH OCCURRED AT <i>12:05 A.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
	22A. SIGNATURE <i>W.P. Steen</i>			(DEGREE OR TITLE) <i>M.D.</i>			22B. ADDRESS <i>116 N. Tucson Blvd., Tucson, Ariz.</i>		22C. DATE SIGNED <i>7-7-61</i>		
CORONER'S CERTIFICATION	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <i>W. P. Steen (SPECIFY)</i>		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 <i>M</i>			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?					
FUNERAL DIRECTOR AND REGISTRAR 102	24A. CORONER'S SIGNATURE		24B. ADDRESS			24C. DATE SIGNED					
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE <i>7/8/61</i>		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Gary, Indiana</i>				
26A. DATE REC'D <i>7-1-61</i>		26B. REGISTRAR'S SIGNATURE <i>W. P. Steen</i>		26C. EMBALMER'S SIGNATURE <i>Robert R. Long</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Gary, Indiana</i>		27B. ADDRESS <i>Arizona Mortuary</i>			
28A. EMBALMER'S CERT. NO. <i>400A</i>		28B. EMBALMER'S CERT. NO.									