PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3762

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 750

CE OF DEATH AND AL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 17 yrs; IN ARIZONA: 17 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): Southern Pacific 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): 3210 E. 24th
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JOHN B. (MIDDLE) WESLEY C. (LAST) COLLINS
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Edith F. Collins
7. DATE OF BIRTH — MONTH: 2 DAY: 9 YEAR: 02
8. AGE (IN YEARS LAST BIRTHDAY): 60 — 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): Car Inspector
9B. KIND OF BUSINESS OR INDUSTRY: S.P.R.R.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ohio
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): WW 1 & 2
13. SOCIAL SECURITY NO.: 275 01 1853
14A. FATHER'S NAME: Homer Clark Collins
14B. BIRTHPLACE (STATE OR COUNTRY): Ohio
15A. MOTHER'S MAIDEN NAME: Meboina Rebecca Hedges
15B. BIRTHPLACE (STATE OR COUNTRY): Ohio
16. INFORMANT'S SIGNATURE: Mrs. Edith F. Collins — ADDRESS: 3210 E. 24th
17. DATE OF DEATH — (MONTH) April (DAY) 14 (YEAR) 1962

CAUSE OF DEATH (ITEM 18) 163 X 0

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) Lt lobular pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1-2 wk

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Rt pneumonectomy — 2-19-62
DUE TO (C) for carcinoma of lung — Past 3 mo

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
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

MEDICAL CERTIFICATION 5/5

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/29/62, 19__, TO 4/14/62, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 4/13/62, 19__, AND THAT DEATH OCCURRED AT 5:35 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: W. C. Fum (DEGREE OR TITLE) M.D.
22B. ADDRESS: Tucson, Arizona
22C. DATE SIGNED: 4-14-62

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: 4-18-62
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 4-17-62
26B. REGISTRAR'S SIGNATURE: Harry E. Jones
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
27B. ADDRESS: Bring's Funeral Home, Tucson, Arizona
28A. EMBALMER'S SIGNATURE: Deputy Hale B. Cashey
28B. EMBALMER'S CERT. NO.: 404 A

FORM VS-2 REV. 5-8-60 - 30M