

100
PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

6526

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1705

BIRTH NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 5 yrs IN ARIZONA 5 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Pima			
	C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Silverbell		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? ADDRESS Silverbell YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Truman B. (MIDDLE) D. C. (LAST) Jeffries			4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Myla Jeffries		7. DATE OF BIRTH MONTH 10 DAY 28 YEAR 07		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) Car dealer
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mo.	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		13. SOCIAL SECURITY NO. 481-16-9817		
14A. FATHER'S NAME James T. Jeffries		14B. BIRTHPLACE (STATE OR COUNTRY) Unk.		15A. MOTHER'S MAIDEN NAME Anna Briggs		15B. BIRTHPLACE (STATE OR COUNTRY) Iowa		
16. INFORMANT'S SIGNATURE Myla Jeffries, Silverbell, Arizona				17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 25 1962				
CAUSE OF DEATH (ITEM 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. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cor Pulmonale DUE TO (B) Chronic Bullous Emphysema DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Acute Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 15 years 5 days	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 13 1957 TO July 25 1962 THAT I LAST SAW THE DECEASED ALIVE ON July 24 1962 AND THAT DEATH OCCURRED AT 7:50 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE (DEGREE OR TITLE) Henry C. Goss, M.D.			22B. ADDRESS 116 N. Tucson Blvd.		22C. DATE SIGNED 7-26-62		
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) 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 checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	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 7-26-62	25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Ridgeway, Missouri		
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 7-27-62		26B. REGISTRAR'S SIGNATURE James J. Baker		27A. FUNERAL DIRECTOR'S SIGNATURE Adair Funeral Home		27B. ADDRESS 1050 N. Dodge Blvd.	
			28A. EMBALMER'S SIGNATURE Deford		28B. EMBALMER'S CERT. NO. 260-A			