

1922

Pima Co. Hospital

976X

1027

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 198

PLACE OF DEATH AND RESIDENCE
11/14/49
8217
5

PRECEDENT PERSONAL DATA
69
7
249

CAUSE OF DEATH ITEM 18

OPERATIONS AUTOPSY 2

DEATH DUE TO EXTERNAL INFLUENCE

MEDICAL CORONER'S CERTIFICATION 5

FUNERAL DIRECTOR AND REGISTRAR 55 2

1. PLACE OF DEATH A. COUNTY Pima		2. USUAL RESIDENCE A. STATE Arizona B. COUNTY Pima	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Tucson		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 37 Yrs. 37 Yrs.	
D. FULL NAME OF HOSPITAL OR INSTITUTION Pima County General Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 337 South 4th. Avenue	
3. NAME OF DECEASED A. (FIRST) Oril B. (MIDDLE) O. C. (LAST) Hutcheson			4. SEX Male
5. COLOR OR RACE White			
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 7 DAY 22 YEAR 79	
8. AGE YEARS 69 MONTHS 8 DAYS 22		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Brakeman	
9B. KIND OF BUSINESS OR INDUSTRY So. Pac. R.R. Iowa		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) U. S. A.	
11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
13. SOCIAL SECURITY NO. 700-12-3070		14A. FATHER'S NAME Thomas Hutcheson	
14B. BIRTHPLACE (STATE OR COUNTRY) Not known		15A. MOTHER'S MAIDEN NAME Not known	
15B. BIRTHPLACE (STATE OR COUNTRY) Not known		16. INFORMANT'S SIGNATURE Elta Mae Hutcheson	
17. DATE OF DEATH (MONTH) February (DAY) 18 (YEAR) 1949			
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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) Seen after death ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) Gunshot wound in head. 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) Suicide		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) about Home	
21C. (CITY OR TOWN) (COUNTY) (STATE) Tucson, Pima, Arizona		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 2/18/49 11A M	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Gunshot wound in head	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Seen after death 19... THAT I LAST SAW THE DECEASED ALIVE ON... 19... AND THAT DEATH OCCURRED AT 2P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) Clark H. Johnson, Coroner		23B. ADDRESS Pima Co. Court House, Tucson	
23C. DATE SIGNED 2/21/49			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 2/22/49	
24C. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona	
25A. DATE REC'D BY LOCAL REG. 2-21-49		25B. REGISTRAR'S SIGNATURE Howard A. Bring	
25C. ADDRESS Tucson, Arizona			