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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 4135

CERTIFICATE OF DEATH

REGISTRAR'S NO. 966

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN <u>10 days</u> IN ARIZONA		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>		
	C. CITY OR TOWN <u>Tucson</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Inspiration</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>VAH, Tucson, Arizona</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>Box 247</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>

PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Cecil</u> B. (MIDDLE) <u>William</u> C. (LAST) <u>CRAMER</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
	6B. NAME OF SPOUSE <u>Juanita Cramer</u>		7. DATE OF BIRTH MONTH <u>10</u> DAY <u>16</u> YEAR <u>91</u>	8. AGE (IN YEARS) LAST BIRTHDAY <u>71</u>	IF UNDER 1 YEAR MONTHS <u>-</u> DAYS <u>-</u>	IF UNDER 24 HRS. HOURS <u>-</u> MIN. <u>-</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>- - - - -</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Kansas</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>Yes 7/20/18 1/18/19</u>		13. SOCIAL SECURITY NO. <u>514-07-7702</u>
	14A. FATHER'S NAME <u>William H. Cramer (Dec.)</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>	15A. MOTHER'S MAIDEN NAME <u>Georgia Murray (Dec.)</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Nebraska</u>
	16. INFORMANT'S SIGNATURE <u>VA Hospital Records, Tucson, Arizona</u>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 30 1963</u>		

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, 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) <u>Carcinoma of pharynx with disseminated metastases</u> DUE TO (B) _____ DUE TO (C) _____			INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
			II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Hepato-renal syndrome</u>			<u>6 days</u>

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION <u>VA</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/20, 1963, TO 4/30, 1963, THAT I LAST SAW THE DECEASED ALIVE ON 4/30, 1963, AND THAT DEATH OCCURRED AT 2:13 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <u>Joseph Beeman</u> (DEGREE OR TITLE) <u>CHIEF, LABORATORY SERVICE VAH, TUCSON, ARIZONA</u>		22B. ADDRESS	22C. DATE SIGNED <u>5/2/63</u>	
	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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____ M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?		
	24A. CORONER'S SIGNATURE		24B. ADDRESS	24C. DATE SIGNED	

CORONER'S CERTIFICATION	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>5-3-63</u>	25C. NAME OF CEMETERY OR CREMATORY <u>South Lawn Memorial Park</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>
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FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <u>5-3-63</u>	26B. REGISTRAR'S SIGNATURE <u>Theresa J. Baker</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin Bring</u>	27B. ADDRESS <u>Bring's Funeral Home Tucson, Arizona</u>
	28A. EMBALMER'S SIGNATURE <u>Deputy Dale B. Casley</u>		28B. EMBALMER'S CERT. NO. <u>404 A</u>	