

CERTIFICATE OF DEATH

REGISTRAR'S NO.

9/10/63
FILED

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 32 yrs IN ARIZONA 32 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 Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Tucson Medical Center				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 2745 N. Martin		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IDENTIFICATION DATA	3. NAME OF DECEASED A. (FIRST) MADELEINE B. (MIDDLE) MARIE C. (LAST) BEERS			4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never Married		
	6B. NAME OF SPOUSE -----		7. DATE OF BIRTH MONTH 12 DAY 6 YEAR 18		8. AGE (IN YEARS LAST BIRTHDAY) 44	IF UNDER 1 YEAR MONTHS - DAYS -	IF UNDER 24 HRS. HOURS - MIN. -	
	9B. KIND OF BUSINESS OR INDUSTRY -----		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Michigan		11. CITIZEN OF WHAT COUNTRY? USA		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. 527 20 0581		14A. FATHER'S NAME Louis N. Beers		14B. BIRTHPLACE (STATE OR COUNTRY) Michigan		15A. MOTHER'S MAIDEN NAME Lucy G. Kaltz	
16. INFORMANT'S SIGNATURE <i>Lee James Beers</i>				ADDRESS 2745 N. Martin		17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 13 1963		
70 X CAUSE OF DEATH (EM 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Generalized Carcinomatous scirrhous Carcinoma of Left Breast. DUE TO (B) DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs 14+ Years	
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. PLACE DISEASE CONTRACTED.							
CAUTIONS, TOPY	19A. DATE OF OPERATION July 16, 1959		19B. MAJOR FINDINGS OF OPERATION Scirrhous Ca of Left Breast & metastasis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
4525 MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-22-63, 1963, TO 8-13-63, 1963, THAT I LAST SAW THE DECEASED ALIVE ON 8-13-63, AND THAT DEATH OCCURRED AT 11:25 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE (DEGREE OR TITLE) <i>Albert P. Secrest</i>		M. D.		22B. ADDRESS 123 S. Stone, Tucson, Arizona		22C. DATE SIGNED 8-15-63	
	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?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 8-17-63		25C. NAME OF CEMETERY OR CREMATORY South Lawn Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona	
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 8-16-63		26B. REGISTRAR'S SIGNATURE <i>Traver W. Chamberlain</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Joseph A. Burg</i>		27B. ADDRESS Bring's Funeral Home Tucson, Arizona	
	28A. EMBALMER'S SIGNATURE <i>Sale B. Caskey</i>		28B. EMBALMER'S CERT. NO. 404 A					