

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

6178

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1122

BIRTH NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Pima</u>	B. LENGTH OF STAY IN THIS TOWN <u>27 yrs.</u> IN ARIZONA <input checked="" type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Pima</u>
	C. CITY OR TOWN <u>Tucson</u>		C. CITY OR TOWN <u>Tucson</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1 Box 487 Abington Rd.</u>		D. STREET (IF RURAL GIVE LOCATION) ADDRESS <u>Rt. 1 Box 487 Abington Rd.</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
			E. IS RESIDENCE ON A FARM?

IDENTIFICATION DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Marjorie</u> B. (MIDDLE) <u>M.</u> C. (LAST) <u>Adams</u>	4. SEX <u>Fem.</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	
	6B. NAME OF SPOUSE <u>Arnold D. Adams</u>	7. DATE OF BIRTH MONTH <u>1</u> DAY <u>19</u> YEAR <u>06</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>58 yrs.</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Home</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Illinois</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) -----	13. SOCIAL SECURITY NO. <u>351-18-4342</u>
	14A. FATHER'S NAME <u>John Mathewson</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Illinois</u>	15A. MOTHER'S MAIDEN NAME <u>Jean Davies</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>Illinois</u>	

CAUSE OF DEATH	16. INFORMANT'S SIGNATURE <u>By V. Yocum</u> ADDRESS <u>Arnold D. Adams, Tucson Ariz. By:</u>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 8, 1964</u>
	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>Acute congestive heart failure</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Arteriosclerotic heart disease</u> years 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"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>5-6</u> 19 <u>64</u> TO <u>6-8</u> 19 <u>64</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>5-29</u> 19 <u>64</u> AND THAT DEATH OCCURRED AT <u>11:00 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE <u>J. K. Bennett M. D.</u> (DEGREE OR TITLE)	22B. ADDRESS <u>721 North Fourth Ave., Tucson</u>	22C. DATE SIGNED <u>6-9-64</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	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
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25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>6-12-64</u>	25C. NAME OF CEMETERY OR CREMATORY <u>South Lawn Crematory</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>
26A. DATE REC. BY LOCAL REG. <u>6-9-64</u>	26B. REGISTRAR'S SIGNATURE <u>H. J. Yocum</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Terna E. Yocum</u>	27B. ADDRESS <u>Arizona Mortuary</u>
	28A. EMBALMER'S SIGNATURE <u>Delbert Heland</u>	28B. EMBALMER'S CERT. NO. <u>307</u>	