

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1529

OF DEATH
AND
RESIDENCE

1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 39 yrs 39 yrs		2. USUAL RESIDENCE A. STATE Arizona		(WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) 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 833 E. Freeman Place				D. STREET (IF RURAL, GIVE LOCATION) 833 E. Freeman Place		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

IDENT
PERSONAL
DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Mary B. (MIDDLE) Hamilton C. (LAST) Stough			4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
6B. NAME OF SPOUSE -----		7. DATE OF BIRTH MONTH DAY YEAR 9 6 03	8. AGE (IN YEARS) LAST BIRTHDAY 60	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) Lab Tech. U of A.
9B. KIND OF BUSINESS OR INDUSTRY -----	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Colorado	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	13. SOCIAL SECURITY NO. 527-12-8965		
14A. FATHER'S NAME John Watson		14B. BIRTHPLACE (STATE OR COUNTRY) England	15A. MOTHER'S MAIDEN NAME Agnes Kinney		15B. BIRTHPLACE (STATE OR COUNTRY) Scotland	
16. INFORMANT'S SIGNATURE <i>Eugene C. Stough</i>			ADDRESS 5634 E. 20th		17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 11th. 1964	

750
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, ASTHENA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Carcinoma, ovary DUE TO (B) _____ DUE TO (C) _____		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS,
AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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1600
MEDICAL
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 1952 TO 8-11 1964. THAT I LAST SAW THE DECEASED ALIVE ON 7 Aug 64 AND THAT DEATH OCCURRED AT 1:45 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <i>Charles A. F. Stephens MD</i>	22B. ADDRESS M. D. 2430 E. 6th, Tucson, Arizona	22C. DATE SIGNED 8-12-64
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DEATH
DUE TO
EXTERNAL
VIOLENCE

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?

OWNER'S
CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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GENERAL
DIRECTOR
AND
REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 8-13-64	25C. NAME OF CEMETERY OR CREMATORY South Lawn Memorial Park	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona
26A. DATE REC. BY LOCAL REG. 8/13/64	26B. REGISTRAR'S SIGNATURE <i>To access Chamber</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>Howard L. Bring</i>	27B. ADDRESS Bring's Funeral Home Tucson, Arizona
29A. EMBALMER'S SIGNATURE <i>Eugene C. Stough</i>		28B. EMBALMER'S CERT. NO. 411 A	

126/026
PUNCH
VERIFIED