

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1053

BIRTH NO.

COPIES OF DEATH VERIFIED

DECEASED PERSONAL DATA

CAUSE OF DEATH (ITEM 18)

OPERATIONS, AUTOPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR

1. PLACE OF DEATH A. COUNTY Pima	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 3 yrs 3 yrs <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	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
		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1551 Benson Highway	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) EDITH	B. (MIDDLE) SICH	C. (LAST) ALDEN	4. SEX FEMALE	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Robert Alden	7. DATE OF BIRTH MONTH DAY YEAR 1 30 78	8. AGE (IN YEARS LAST BIRTHDAY) 87	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) Furrier
9B. KIND OF BUSINESS OR INDUSTRY -	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	IF YES, WAR OR DATES OF SERVICE -	13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME Unknown	14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Unknown	15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		
16. INFORMANT'S SIGNATURE Robert Alden			ADDRESS 1551 Benson Highway		
			17. DATE OF DEATH MONTH DAY YEAR May 23 1965		

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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (A) C.V.D. Generalized arterio-sclerotic DUE TO (B) Coronary-Vasculardis. DUE TO (C) Gen. Senility		? 1 year 7 years ? years
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8-11, 1964, TO 5-23, 1965, THAT I LAST SAW THE DECEASED ALIVE ON 1-19, 1965, AND THAT DEATH OCCURRED AT 7:00 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE Dorothy P. Secrist	(DEGREE OR TITLE) M.D.	22B. ADDRESS 123 S. Stone, Tucson, Arizona	22C. DATE SIGNED 5-24-65
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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
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 5-27-65	25C. NAME OF CEMETERY OR CREMATORY South Lawn Memorial Park	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona
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26A. DATE REC. BY LOCAL REG. 5-26-65	26B. REGISTRAR'S SIGNATURE Howard G. Brung	27A. FUNERAL DIRECTOR'S SIGNATURE Howard G. Brung	27B. ADDRESS Brung's Funeral Home Tucson, Arizona
28A. EMBALMER'S SIGNATURE Deputy Howard G. Brung		28B. EMBALMER'S CERT. NO. 222	