

Victor H. Simacek, M.D.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6213

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2424

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1. PLACE OF DEATH A. COUNTY MARICOPA		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE ARIZONA B. COUNTY MARICOPA	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN PHOENIX		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN PHOENIX	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION ARIZONA STATE HOSPITAL		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2222 WEST VAN BUREN	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) FLORA B. (MIDDLE) L. C. (LAST) PRINGEY			4. SEX FEMALE	5. COLOR OR RACE WHITE
6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH 4 DAY 1 YEAR 1900	8. AGE YEARS 50 MONTHS 8 DAYS 25	IF UNDER 24 HOURS HOURS - MIN. -	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). HOUSEWIFE
9B. KIND OF BUSINESS OR INDUSTRY -	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MICHIGAN	11. CITIZEN OF WHAT COUNTRY? U. S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) -	13. SOCIAL SECURITY NO. -
14A. FATHER'S NAME ELZEAR GABRIELT		14B. BIRTHPLACE (STATE OR COUNTRY) CANADA	15A. MOTHER'S MAIDEN NAME CAROLINE KEYES	
16. INFORMANT'S SIGNATURE ARIZONA STATE HOSPITAL RECORDS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) DECEMBER 26, 1950		

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (2), (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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) GASTRIC HEMORRHAGE		2 years
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (2) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) GASTRIC ULCER		
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"/>
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) -	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) -	21C. (CITY OR TOWN) (COUNTY) (STATE) -	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY -	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? -	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec. 18, 1950 TO Dec. 26, 1950 . THAT I LAST SAW THE DECEASED ALIVE ON Dec. 25, 1950 AND THAT DEATH OCCURRED AT 1030 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
23A. SIGNATURE <i>Victor H. Simacek, M.D.</i>	23B. ADDRESS 2500 E. Van Buren	23C. DATE SIGNED 12-26-50

24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE 12/28/50	24C. NAME OF CEMETERY OR CREMATORY Antioch, Illinois	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
25A. DATE REC'D BY LOCAL REG. 12/27/50	25B. REGISTRAR'S SIGNATURE <i>Bulah J. Gustor</i>	26. FUNERAL DIRECTOR'S SIGNATURE <i>Fred E. Warren</i>	27. EMBALMER'S SIGNATURE <i>Jeward H. Hafford</i>

CERT. NO. 279 R.