XC-1 101 045

BIRTH NO. R-34 502

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6447

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1199

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 5 yrs. IN ARIZONA: 5 yrs.
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): VAH, TUCSON, ARIZONA

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona B. COUNTY: Pima
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2500 S. Fourth Ave.

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Albert B. (MIDDLE) H. C. (LAST) FLOWERS
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Jimmie D. Flowers
7. DATE OF BIRTH — MONTH: 8 DAY: 8 YEAR: 94
8. AGE (IN YEARS LAST BIRTHDAY): 59 — 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): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: –
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tennessee
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): 6-27-18 3-15-19
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: Steve Flowers (Deceased)
14B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
15A. MOTHER'S MAIDEN NAME: Dora Russell (Deceased)
15B. BIRTHPLACE (STATE OR COUNTRY): Tennessee
16. INFORMANT'S SIGNATURE: VA Hospital Records, Tucson, Arizona ADDRESS:
17. DATE OF DEATH (MONTH) October (DAY) 17 (YEAR) 1953

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Cor pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Pulmonary emphysema — 4 yrs.
DUE TO (C) Bronchial asthma — 4 yrs.

11. 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 ☐ NO ☒

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I VA ATTENDED THE DECEASED FROM 7/8, 19 53, TO 10-17, 19 53 ALIVE ON 10-17, 19 53, AND THAT DEATH OCCURRED AT 2:10 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE: J. N. Plumer (DEGREE OR TITLE) J. N. PLUMER, M.D., CHIEF, MEDICAL SERVICE
23B. ADDRESS: VAH, TUCSON, ARIZONA
23C. DATE SIGNED: 10/19/53

24A. BURIAL ☐ BBB CREMATION ☐ REMOVAL ☐
24B. DATE: 10-20-53
24C. NAME OF CEMETERY OR CREMATORY: Southlawn Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona

25A. DATE REC'D BY LOCAL REG.: 10-20-53
25B. REGISTRAR'S SIGNATURE: Irma H. Cabu, Deputy Registrar
26. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
ADDRESS: Bring's Funeral Home, Tucson, Arizona
27. EMBALMER'S SIGNATURE: Carlton R. Frage
CERT. NO. 339R

FORM VS 2 REV. 1-1-53

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