ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7167

# CERTIFICATE OF DEATH

REGISTRAR'S NO. 1332

BIRTH NO.

**1. PLACE OF DEATH**
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: Life; IN ARIZONA: Life
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): Tucson Medical Center

**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): 950 Calle Francita

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) Baby Boy B. (MIDDLE) (David Fred) C. (LAST) Shooks

**4. SEX:** male

**5. COLOR OR RACE:** white

**6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** ----

**6B. NAME OF SPOUSE:** ----

**7. DATE OF BIRTH** — MONTH: Nov. DAY: 21 YEAR: 1953

**8. AGE** (IN YEARS LAST BIRTHDAY): --
IF UNDER 1 YEAR — MONTHS: -- DAYS: --
IF UNDER 24 HRS. — HOURS: -- MIN.: 35

**9A. USUAL OCCUPATION** (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Infant

**9B. KIND OF BUSINESS OR INDUSTRY:** ----

**10. BIRTHPLACE** (STATE OR FOREIGN COUNTRY): Arizona

**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:** Truman E. Shooks

**14B. BIRTHPLACE** (STATE OR COUNTRY): Michigan

**15A. MOTHER'S MAIDEN NAME:** Ione D. Sherman

**15B. BIRTHPLACE** (STATE OR COUNTRY): Michigan

**16. INFORMANT'S SIGNATURE:** T. E. Shooks — ADDRESS: Tucson, Arizona

**17. DATE OF DEATH** (MONTH) November (DAY) 21, (YEAR) 1953

**18. CAUSE OF DEATH**
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 7593
‡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 CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Multiple congenital defects — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Cause unknown
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:** 11-21-53
**19B. MAJOR FINDINGS OF OPERATION:** As stated above
**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 ~~LAST ATTENDED~~ SAW THE DECEASED ~~LAST~~ SEEN AFTER DEATH ~~ON~~ ~~TO~~ ~~AND~~ THAT I ~~LAST SAW THE DECEASED~~ do not know ~~ON~~ ~~TO~~ ~~AND~~ THAT DEATH OCCURRED AT 12:35 PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

**23A. SIGNATURE** (DEGREE OR TITLE): Joseph L. Fuller, M.D.
**23B. ADDRESS:** St. Mary's Hospital
**23C. DATE SIGNED:** 11-21-53

**24A. BURIAL** ☒ CREMATION ☐ REMOVAL ☐
**24B. DATE:** 11-23-53
**24C. NAME OF CEMETERY OR CREMATORY:** Evergreen Cemetery
**24D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona

**25A. DATE REC'D BY LOCAL REG.:** 11-23-53
**25B. REGISTRAR'S SIGNATURE:** Deputy
**26. FUNERAL DIRECTOR'S SIGNATURE:** Irma E. Lacrin — ADDRESS: Arizona Mortuary
**27. EMBALMER'S SIGNATURE:** Leland F. Baker — CERT. NO. 307

FORM VS 2 REV. 1-1-53