

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6681

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1265

PLACE OF DEATH AND RESIDENCE 11 82 1-	1. PLACE OF DEATH A. COUNTY <b>Pima</b>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <b>6 yrs 8 yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)			
	C. CITY OR TOWN <b>Tucson</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <b>Arizona</b>		B. COUNTY <b>Pima</b>	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>920 Calle Francita</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>920 Calle Francito</b>			
PRECEDENT PERSONAL DATA 2 108 0 X54	3. NAME OF DECEASED (TYPE OR PRINT) <b>Paul John Shooks</b>			4. SEX <b>M</b>	5. COLOR OR RACE <b>W</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>single</b>		
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH DAY YEAR <b>2 6 46</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>8</b>	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) <b>None</b>	
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arizona</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	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 <b>Truman Shooks</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Mich.</b>	15A. MOTHER'S MAIDEN NAME <b>Ione Sherman</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Mich.</b>			
16. INFORMANT'S SIGNATURE <b>Truman Shooks</b>			ADDRESS <b>Tucson, Arizona</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>November 20 1954</b>			
CAUSE OF DEATH (ITEM 18) 0 0	18. CAUSE OF DEATH ENTER ONE OR MORE CAUSES PER LINE FOR (A), (B), (C). <b>1954 X</b> ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) <b>Massive Lobar Pneumonia</b> DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH	
	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 <b>Feb. 2, 1946</b> , TO <b>Nov 20, 1954</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>Nov 20, 1954</b> , AND THAT DEATH OCCURRED AT <b>4:55 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <b>Darrell E. Shedd</b>		(DEGREE OR TITLE)		22B. ADDRESS <b>1217-E. Sheddway</b>		22C. DATE SIGNED <b>11-21-54</b>	
	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 <b>M</b>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>11-22-54</b>	25C. NAME OF CEMETERY OR CREMATORY <b>South Lawn Cemetery</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Tucson, Arizona</b>			
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. <b>11-22-54</b>		26B. REGISTRAR'S SIGNATURE <b>Darrell E. Shedd</b>		27A. FUNERAL DIRECTOR'S SIGNATURE <b>Verna E. Yocum</b>		27B. ADDRESS <b>Arizona Mortuary, Tucson</b>	