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A-2316

ARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO. **4407**  
**849**

CERTIFICATE OF DEATH

OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Pima</b>		B. LENGTH OF STAY IN THIS TOWN <b>6 yrs.</b>   IN ARIZONA <b>6 yrs.</b>		2. USUAL RESIDENCE A. STATE <b>Arizona</b>		REGISTRAR'S NO. <b>849</b>	
	C. CITY OR TOWN <b>Tucson</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Tucson</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>VAH, Tucson, Arizona</b>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>1721 E. Lester Street</b>		E. IS RESIDENCE ON A FARM? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
IDENTIFICATION DATA	3. NAME OF DECEASED A. (FIRST) <b>Charles</b> B. (MIDDLE) <b>F.</b> C. (LAST) <b>SMITHERMAN</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		
	6B. NAME OF SPOUSE <b>Della F. Smitherman</b>		7. DATE OF BIRTH MONTH <b>11</b> DAY <b>28</b> YEAR <b>93</b>		8. AGE (IN YEARS) (LAST BIRTHDAY) <b>66</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Accountant (Ret.)</b>	
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Texas</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>Yes</b>	13. SOCIAL SECURITY NO. <b>1917</b>	14. DATE OF DEATH (MONTH) <b>9/4/19</b> (DAY) <b>13</b> (YEAR) <b>1960</b>		
CAUSE OF DEATH	14A. FATHER'S NAME <b>John Smitherman (Dec.)</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Alabama</b>		15A. MOTHER'S MAIDEN NAME <b>Sude Burleson (Dec.)</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Mississippi</b>	
	16. INFORMANT'S SIGNATURE <b>Tucson, Ariz. (Wife)</b> <b>Mrs. Della F. Smitherman, 1721 E. Lester St.,</b>				17. DATE OF DEATH (MONTH) <b>May</b> (DAY) <b>13</b> (YEAR) <b>1960</b>			
	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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>Cardio pulmonary failure</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <b>Pulmonary emphysema</b> DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <b>5 months</b> <b>15 years</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>4/29</b> 19 <b>60</b> TO <b>5/13</b> 19 <b>60</b> , THAT I LAST SAW THE DECEASED <b>5/13</b> 19 <b>60</b> , AND THAT DEATH OCCURRED AT <b>2:30 A.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE <b>C. A. JANDA, M.D., CHIEF, LABORATORY SERVICES</b>				22B. ADDRESS <b>VAH, TUCSON, ARIZONA</b>		22C. DATE SIGNED <b>5/13/60</b>	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (I.E., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		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>5/16/60</b>	25C. NAME OF CEMETERY OR CREMATORY <b>VFW South Lawn Memorial Park</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Tucson, Arizona</b>		
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. <b>5-16-60</b>	26B. REGISTRAR'S SIGNATURE <b>[Signature]</b>	27A. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		27B. ADDRESS <b>Tucson, Arizona</b>			
	28A. FUNERAL HOME <b>Deputy: [Signature]</b>		28B. EMBALMER'S SIGNATURE <b>[Signature]</b>		28C. EMBALMER'S CERT. NO. <b>374</b>			