

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

3 03
E OF DEATH
AND 98
L RESIDENCE
K-

PRECEDENT 2
PERSONAL DATA 101
4
957
192X
CAUSE OF DEATH 0
ITEM 18) 0

OPERATIONS AUTOPSY 2
MEDICAL CERTIFICATION 4
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION 1
FUNERAL DIRECTOR AND REGISTRAR 2
101

1. PLACE OF DEATH A. COUNTY <u>Cocconino</u>		B. LENGTH OF STAY IN THIS TOWN <u>1 yr.</u> IN ARIZONA <u>1 yr.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Cocconino</u>	
C. CITY OR TOWN <u>Fredonia</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Fredonia</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Rebecca</u> B. (MIDDLE) <u>Ann</u> C. (LAST) <u>Jackson</u>			4. SEX <u>F</u>	5. COLOR OR RACE <u>W.</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH <u>Aug</u> DAY <u>29</u> YEAR <u>1956</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>1</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>W. Va.</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	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 <u>Dwight R. Jackson</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Ariz.</u>	15A. MOTHER'S MAIDEN NAME <u>Joyce Fay Brinkley</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Missouri</u>	
16. INFORMANT'S SIGNATURE <u>Mrs. Joyce F. Jackson</u>		ADDRESS _____		17. DATE OF DEATH (MONTH) <u>Sept.</u> (DAY) <u>19</u> (YEAR) <u>1957</u>	
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 <u>(A) Glioma of the optic nerve, left eye</u> 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 <u>10 or 11 months</u>
19A. DATE OF OPERATION <u>Feb. 28, 1959</u>		19B. MAJOR FINDINGS OF OPERATION <u>Glioma of optic nerve</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>FEB 4</u> , 19 <u>57</u> TO <u>SEP 19</u> , 19 <u>57</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>SEP 19</u> , 19 <u>57</u> , AND THAT DEATH OCCURRED AT <u>8:25 P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22. SIGNATURE <u>Hubert J. Johnson M.D.</u> (DEGREE OR TITLE) <u>ARIZONA</u>		22B. ADDRESS <u>R2825</u>		22C. DATE SIGNED <u>19 SEP 1957</u>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>natural</u>		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		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
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 <u>9-20-57</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Fredonia</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Fredonia, Ariz.</u>
26A. DATE REC. BY LOCAL REG. <u>9-20-57</u>		26B. REGISTRAR'S SIGNATURE <u>Mrs. Sued Jensen</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Not embalmed</u>	
27B. ADDRESS _____					