

Rosenbaum, M. D.
East 10th.

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6411

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1162

PLACE OF DEATH AND RESIDENCE

PERSONAL DATA

CAUSE OF DEATH

OPERATIONS, AUTOPSY

CAUSE OF DEATH

MEDICAL CERTIFICATION

GENERAL DIRECTOR AND REGISTRAR

BIRTH NO.

1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 2 Yrs. IN ARIZONA 2 Yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Pima	
C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tucson <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Tucson Medical Center				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 925 East Drachman	
3. NAME OF DECEASED (TYPE OR PRINT) James Lamar Faircloth			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Helena C. Faircloth		7. DATE OF BIRTH MONTH DAY YEAR 8 19 92	8. AGE (IN YEARS LAST BIRTHDAY) 61	9. IF UNDER 1 YEAR MONTHS DAYS	10. IF UNDER 24 HRS. HOURS MIN.
9B. KIND OF BUSINESS OR INDUSTRY Westinghouse	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kenton, Tenn.	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes WW I	13. SOCIAL SECURITY NO. 141-07-0478	
14A. FATHER'S NAME James H. Faircloth		14B. BIRTHPLACE (STATE OR COUNTRY) Tenn.	15A. MOTHER'S MAIDEN NAME Myrtle Jones		15B. BIRTHPLACE (STATE OR COUNTRY) Tenn.
16. INFORMANT'S SIGNATURE Helena C. Faircloth			17. DATE OF DEATH (MONTH) (DAY) (YEAR) October 5, 1953		

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). (C) 527 THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH		MEDICAL CERTIFICATION		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 (A) Right spontaneous pneumothorax		2 days
	11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (B) Emphysematous bullae		unknown rupture of
19A. DATE OF OPERATION 10-5-53		19B. MAJOR FINDINGS OF OPERATION Right Thoracotomy		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-1-53 TO 10-5-53 THAT I LAST SAW THE DECEASED ALIVE ON 10-5-53 AND THAT DEATH OCCURRED AT 10:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (NAME OR TITLE) S.L. Rosenbaum, M.D.

23B. ADDRESS 2000 East 10th. Street, Tucson

23C. DATE SIGNED 10-7-53

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE 10-9-53	24C. NAME OF CEMETERY OR CREMATORY Elks Plot of Evergreen	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Arizona
25A. DATE REC'D BY LOCAL REG. 10-7-53	25B. REGISTRAR'S SIGNATURE [Signature]	26. FUNERAL DIRECTOR'S SIGNATURE Alvin Brings	ADDRESS Brings' Funeral Home Tucson
		27. EMBALMER'S SIGNATURE Arturo J. Adair	CERT. NO. 2607