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STATE OF ARIZONA
DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS
CERTIFICATE OF DEATH

STATE FILE NO. 69-000934

NAME OF DECEASED 1. A. FIRST: Ema	B. MIDDLE: Jean	C. LAST: Jorden	SEX 2. Female	RACE OR COLOR 3. White	DATE OF DEATH MONTH DAY YEAR 4. Jan. 4, 1969
PLACE OF DEATH A. COUNTY 5. Pima	B. TOWN OR CITY: Tucson	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): DOA St. Marys Hosp.	D. IN CITY LIMITS? [X] YES [ ] NO		
DATE OF BIRTH MONTH DAY YEAR 6. Aug. 19, 1905	AGE (YEARS LAST BIRTHDAY) 7A. 63	IF UNDER 1 YEAR MOS. B.	IF UNDER 1 DAY DAYS HRS. MIN. C.	MARITAL STATUS [X] MARRIED [ ] WIDOWED 8. [ ] NEVER MAR. [ ] DIVORCED.	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 9. Bruce W. Jorden Sr.
PLACE OF BIRTH STATE OR COUNTRY 10. Oklahoma	CITIZEN OF WHAT COUNTRY? SPECIFY: 11. U.S.	SOCIAL SECURITY NO. 12. None	USUAL OCCUPATION 13A. Housewife	TYPE OF BUSINESS 13B. Home	
USUAL RESIDENCE A. STATE 14. Arizona	B. COUNTY: Pima	C. TOWN OR CITY: Tucson	D. ZIP CODE: 85714		
STREET ADDRESS OR R.F.D. (P.O. BOX NOT ACCEPTABLE) 14E. 5924 Pinto	IN CITY LIMITS? 14F. [ ] YES [X] NO	HOW LONG LIVED IN ARIZONA? IN THIS TOWN 15A. 10yrs	IN STATE 15B. 10yrs	PREVIOUS PLACE OF RESIDENCE CITY AND STATE 16. New Orleans, La.	
FATHER'S NAME A. FIRST 17. Frank	B. MIDDLE: W.	C. LAST: Schuster	MOTHER'S MAIDEN NAME A. FIRST 18. Kate	B. MIDDLE: Malone	C. LAST: Baldwin
INFORMANT'S SIGNATURE 19A. Bruce W. Jorden Jr.	RELATIONSHIP TO DECEASED 19B. Son.	ADDRESS 19C. 6861 Kenanna Pl. Tucson Ariz	DATE SIGNED 19D. Jan.4,1969		

20. MEDICAL STATEMENT OF CAUSE OF DEATH

FILL OUT CAREFULLY

ENTER IMMEDIATE CAUSE ON LINE A. OTHER PRECIPITATING CAUSES SHOULD BE GIVEN ON LINES B AND C RESPECTIVELY. LIST UNDERLYING CAUSE LAST.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE ON EACH LINE)

A. IMMEDIATE CAUSE: Acute heart failure

DUE TO OR AS A B. CONSEQUENCE OF: cardiac compression

DUE TO OR AS A C. CONSEQUENCE OF: Pectus excavatum

ESTIMATED TIME BETWEEN ONSET AND DEATH

OTHER CONDITIONS OF SIGNIFICANT MEDICAL IMPORTANCE CONTRIBUTING TO DEATH BUT NOT DIRECTLY RELATED TO IMMEDIATE CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS

IF DECEASED WAS ADULT FEMALE, WAS SHE PREGNANT AT DEATH OR ANY TIME IN PAST YEAR? YES, NO, UNKNOWN. 21. SPECIFY:

AUTOPSY? 22A. [X] YES [ ] NO

IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES OR NO 22B. SPECIFY:

MANNER OF DEATH 23. [ ] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X] NATURAL CAUSES [ ] UNDETERMINED

DATE OF INJURY MO. DAY YR. 24A. HOUR 24B. M.

PLACE OF INJURY (HOME, STORE, FACTORY, STREET, ETC.) 27. SPECIFY:

AT WORK WHEN INJURED? YES, NO, UNK. 25.

HOW DID INJURY OCCUR? (CIRCUMSTANCES ONLY—NOT CAUSE) 26.

WHERE LOCATED? STREET ADDRESS CITY AND STATE 28.

CERTIFICATION—PHYSICIAN OR MEDICAL EXAMINER

29A. I (~~ATTENDED~~) (EXAMINED) THE DECEASED (~~EXAMINED~~) (ON): MO. DAY YEAR 1-4-69 TO MO. DAY YEAR

29B. AND (~~SAW~~) (DID NOT SEE) ~~HIM~~/HER ALIVE LAST TIME ON: MO. DAY YEAR 1 4 69 HOUR unk. M. I (DID) (~~DID NOT~~) VIEW BODY AFTER DEATH.

DEATH OCCURRED AT: 1:05 P. M.

ON THE DATE AND AT THE PLACE LISTED ABOVE AND TO THE BEST OF MY KNOWLEDGE AND PROFESSIONAL JUDGMENT DUE TO THE CAUSES STATED.

SIGNATURE: W. M. Hindman M.D. TITLE

29C. (TYPE NAME HERE) W. M. Hindman M.D.

MAIL ADDRESS 30. 601 N Wilmot Road Tucson Ariz

DATE SIGNED 31. 1/6/69

CERTIFICATION—CORONER

FROM EXAMINATION OF THE BODY AND/OR MY INVESTIGATION, IN MY OPINION DEATH OCCURRED IN THE MANNER AND UNDER THE CIRCUMSTANCES STATED.

DECEASED WAS PRONOUNCED DEAD ON: 32A. MO. DAY YEAR 1- 4- 69 HOUR 1:05P M.

I (~~HAVE~~) (DID NOT) VIEW BODY AFTER DEATH.

SIGNATURE: Joe Jacobson

PRECINCT OR DISTRICT 33. FOUR

32B. (TYPE NAME HERE) Joe Jacobson

MAIL ADDRESS 34. 98 West Pennington Tucson, Arizona

DATE SIGNED 35. 1-6-69

SUPPLEMENTARY ENTRIES 36.

DISPOSITION OF BODY—BURIAL, CREMATION OR REMOVAL 37. SPECIFY: Burial	DATE OF DISPOSITION 38. Jan.7,1969	CEMETERY OR CREMATORY NAME 39. Evergreen Cemetery	STREET ADDRESS 3015No. Oracle	CITY AND STATE Tucson, Arizona	
FUNERAL HOME NAME 40. Palms Mortuary Inc.	STREET ADDRESS 5225 E. Speedway	CITY AND STATE Tucson, Arizona	FUNERAL DIRECTOR'S SIGNATURE 41. Charles A Priest	CERT. NO. 42. 2234	
DATE REGISTERED 43. Jan. 6, 69	REG. FILE NO. 44. 57	REGISTRAR'S SIGNATURE 45. Elizabeth Warner Deputy	REG. DISTRICT 46. 1002	DATE RCVD. IN STATE OFFICE 47. FEB 17 1969	

VS-3 REV. 9-67 30M 10-67