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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4372

BIRTH NO. 13720

# CERTIFICATE OF DEATH

REGISTRAR'S NO. 174

**1. PLACE OF DEATH**
A. COUNTY: Coconino
B. LENGTH OF STAY: IN THIS TOWN 5 Min; IN ARIZONA 5 Min
C. CITY OR TOWN: Williams ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Williams Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Coconino
C. CITY OR TOWN: Williams ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): West Hancock

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) Philip B. (MIDDLE) (None) C. (LAST) Pouquette

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH 7 DAY 9 YEAR 1956
8. AGE (IN YEARS LAST BIRTHDAY): IF UNDER 1 YEAR: MONTHS / DAYS / IF UNDER 24 HRS.: HOURS / MIN. 5
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): None
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE): None
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Felix Joseph Pouquette
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Helene Faye Hann
15B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
16. INFORMANT'S SIGNATURE: Helen Pouquette ADDRESS: Williams Ariz
17. DATE OF DEATH (MONTH) 7 (DAY) 9 (YEAR) 1956

**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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Congenital Monstrosity (No Nose, No Eyes) — 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 (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. 8-1/3 Months Pregnancy

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-9- 19 56, TO 7-9 19 56, THAT I LAST SAW THE DECEASED ALIVE ON 7-9 19 56, AND THAT DEATH OCCURRED AT 11:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Martin C. Deller M.D.
22B. ADDRESS: Williams Arizona
22C. DATE SIGNED: 12-July-1956

**DEATH DUE TO EXTERNAL VIOLENCE**
23A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL CAUSE ☒ (SPECIFY) Natural Cause
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

**CORONER'S CERTIFICATION**
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

**FUNERAL DIRECTOR AND REGISTRAR**
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 7-10-56
25C. NAME OF CEMETERY OR CREMATORY: Kop R Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Williams, Arizona
26A. DATE REC. BY LOCAL REG.: 7-24-56
26B. REGISTRAR'S SIGNATURE: Ruby O. Thompson
27A. FUNERAL DIRECTOR'S SIGNATURE: L. Hall Gibb 16A
27B. ADDRESS: Williams, Ariz

FORM VS-2 REV. 6-1-53 AMPCO 77595