ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4654

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 923

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 6 yrs. IN ARIZONA same
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Tucson Medical Center

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2820 E. 6th St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) CLARENCE B. (MIDDLE) J. C. (LAST) DuBRUL

4. SEX: Male

5. COLOR OR RACE: White

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

6B. NAME OF SPOUSE: Margaret - Dec'd.

7. DATE OF BIRTH: MONTH 1 DAY 31 YEAR 187

8. AGE (IN YEARS LAST BIRTHDAY): 71 yrs.
IF UNDER 1 YEAR: MONTHS ___ DAYS ___ IF UNDER 24 HRS.: HOURS ___ MIN. ___

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Retired-Cigar Mold Mfg.

9B. KIND OF BUSINESS OR INDUSTRY: Retired

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Cincinnati, Ohio

11. CITIZEN OF WHAT COUNTRY? U.S.A.

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.: 268 03 0177A

14A. FATHER'S NAME: Napoleon DuBrul

14B. BIRTHPLACE (STATE OR COUNTRY): Canada

15A. MOTHER'S MAIDEN NAME: Lillian Legault

15B. BIRTHPLACE (STATE OR COUNTRY): Canada

16. INFORMANT'S SIGNATURE: Nellie M. Hall
ADDRESS: 311 E Glenn

17. DATE OF DEATH: (MONTH) June (DAY) 18th, (YEAR) 1958

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) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral arteriosclerosis
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 28, 19 53 TO June 18, 19 58, THAT I LAST SAW THE DECEASED ALIVE ON June 18, 19 58, AND THAT DEATH OCCURRED AT 9:05 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Glen E. Greer, M.D.
22B. ADDRESS: 1632 N. Country Club, Tucson, Ariz.
22C. DATE SIGNED: 6/19/58

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
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?

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

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 6/21/58
25C. NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Cincinnati, Ohio

26A. DATE REC. BY LOCAL REG.: 6-19-58
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: Robert Funeral Home, Inc. By: Charles E. Roke
27B. ADDRESS: Tucson, Arizona
28A. EMBALMER'S SIGNATURE:
28B. EMBALMER'S CERT. NO.: 378-A

FORM VS-2 REV. 2-15-55

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