ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8107

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 799

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 4 yrs. IN ARIZONA 4 yrs.
C. CITY OR TOWN: Surprise — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 273 Grand Ave.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Surprise — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt. 2, Box 273, Peoria
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) CECIL B. (MIDDLE) WALTER C. (LAST) DEVAULT

4. SEX: M
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Pearl
7. DATE OF BIRTH: MONTH 1 DAY 27 YEAR 1908
8. AGE (IN YEARS LAST BIRTHDAY): 50 — 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): Miner
9B. KIND OF BUSINESS OR INDUSTRY: Mines
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mo.
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):
13. SOCIAL SECURITY NO. 518-14-9714
14A. FATHER'S NAME: James S. Devault
14B. BIRTHPLACE (STATE OR COUNTRY): Mo.
15A. MOTHER'S MAIDEN NAME: Dora Souder
15B. BIRTHPLACE (STATE OR COUNTRY): Mo.
16. INFORMANT'S SIGNATURE: Pearl Devault — ADDRESS: Surprise, Arizona
17. DATE OF DEATH: (MONTH) 11 (DAY) 28 (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) Myocardial failure — 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) Coronary thrombosis
DUE TO (C) Congestive failure
II. OTHER SIGNIFICANT 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 Oct 15, 1958 TO Nov 28, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 9-19, 1958 AND THAT DEATH OCCURRED AT 5 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): J. W. Rackellar M.D.
22B. ADDRESS: El Mirage
22C. DATE SIGNED

DEATH DUE TO EXTERNAL VIOLENCE
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: Margaret Carrie, Deputy
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 12-2-58
25C. NAME OF CEMETERY OR CREMATORY: Glendale Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Arizona
26A. DATE REC. BY LOCAL REG.: 12-2-58
26B. REGISTRAR'S SIGNATURE: Margaret Carrie, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Robert D. Lindberg
27B. ADDRESS: Glendale, Ariz.
28A. EMBALMER'S SIGNATURE: Robert D. Lindberg
28B. EMBALMER'S CERT. NO. 332

FORM VS-2 REV. 3-15-55 15M AMPCO 16856

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AND 96
L RESIDENCE X-
CEDENT 1
RSONAL 1
DATA 150
4
X 58
1341
CAUSE OF DEATH 0
TEM (B) 6
RATIONS 2
UTOPSY
EDICAL 4
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DEATH DUE TO EXTERNAL VIOLENCE
RONER'S 2
IFICATION
UNERAL 32
IRECTOR AND
GISTRAR 2
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