ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8140

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 192

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN yrs. IN ARIZONA 3 yrs.
C. CITY OR TOWN: Parker — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 10 miles S.W. of Parker

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Parker — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 1644
E. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Louis
B. (MIDDLE): Joseph
C. (LAST): Charlebois

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mrs. Ina Charlebois
7. DATE OF BIRTH: MONTH 5 DAY 18 YEAR 1882
8. AGE (IN YEARS LAST BIRTHDAY): 77 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): Farmer & Stockman
9B. KIND OF BUSINESS OR INDUSTRY: None
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes. (IF YES, WAR OR DATES OF SERVICE): Sp.-Amer. Vet.
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Joseph Charlebois
14B. BIRTHPLACE (STATE OR COUNTRY): Canada
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Mr. Arthur Charlebois
ADDRESS: Rt 2, Box 575 Blythe
17. DATE OF DEATH (MONTH) (DAY) (YEAR): October 8, 1959

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) Coronary Occlusion — 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.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Never 19__ TO 19__ THAT I LAST SAW THE DECEASED ALIVE ON 19__ AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Walter A. Young Jr.
22B. ADDRESS: 435 West Yuma St.
22C. DATE SIGNED: 10/8/59

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): 0
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: O. L. Hamilton, Coroner
24B. ADDRESS: Parker, Arizona 11-3-59
24C. DATE SIGNED: ~~10/8/59~~

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 10/8/59
25C. NAME OF CEMETERY OR CREMATORY: Unknown
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Arizona
26A. DATE REC. BY LOCAL REG.: 11/3/59
26B. REGISTRAR'S SIGNATURE: G. B. Roberts
27A. FUNERAL DIRECTOR'S SIGNATURE: Ray Dixon — Yuma Mortuary
27B. ADDRESS: 551 16th Street
28A. EMBALMER'S SIGNATURE: Ray Dixon
28B. EMBALMER'S CERT. NO.: 388 A

VS-2 REV. 3-15-59 15M AMPCO 22508

Checked Verified

5 15 E OF DEATH AND 27 RESIDENCE X

1 1 CEDENT 1 RSONAL DATA 7 2 059

1301 CAUSE OF DEATH (ITEM 18) 0 0

RATIONS, UTOPSY 1

EDICAL IFICATION +

DEATH DUE TO EXTERNAL VIOLENCE 0

RONER'S IFICATION 6

UNERAL RECTOR AND GISTRAR 76 2 103