

CERTIFICATE OF DEATH

REGISTRAR'S NO.

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BIRTH NO.		1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 15 yrs. IN ARIZONA 15 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Chandler		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				E. STREET (IF RURAL, GIVE LOCATION) ADDRESS 801 N. Dakota St.		F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) HELENE		B. (MIDDLE) FAYE		C. (LAST) POUQUETTE		4. SEX F	5. COLOR OR RACE W
6B. NAME OF SPOUSE Felix S. Pouquette		7. DATE OF BIRTH MONTH Sept DAY 26 YEAR 1926		8. AGE (IN YEARS) LAST BIRTHDAY 33		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) House wife	
9B. KIND OF BUSINESS OR INDUSTRY At home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Oklahoma		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Unk.	
13. SOCIAL SECURITY NO. Unk.		14A. FATHER'S NAME Ralph Hann		14B. BIRTHPLACE (STATE OR COUNTRY) Iowa		15A. MOTHER'S MAIDEN NAME Mable Sheppard	
15B. BIRTHPLACE (STATE OR COUNTRY) Okla.		16. INFORMANT'S SIGNATURE ADDRESS Mr. Felix S. Pouquette, (husb) Same				17. DATE OF DEATH (MONTH) (DAY) (YEAR) JANUARY 3rd, 1960	
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) Amnionic fluid embolism DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 45 min.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM on Jan 3, 1960 TO _____ IS _____ THAT I LAST SAW THE DECEASED ALIVE ON Jan 3, 1960 AT _____ M. AND THAT DEATH OCCURRED AT 4:15 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE Robert K. ... M.D.		22B. ADDRESS Litchfield Park, Arizona		22C. DATE SIGNED Jan. 4, 1960			
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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL CREATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Jan. 5, 1960		25C. NAME OF CEMETERY OR CREMATORY East Resthaven Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tempe, Arizona	
26A. DATE REC. BY LOCAL REG. 1/5/60		26B. REGISTRAR'S SIGNATURE Robert K. ...		27A. GENERAL DIRECTOR'S SIGNATURE D. Lee Mason		27B. ADDRESS 333 W. Adams St.	
28A. EMBALMER'S SIGNATURE John T. ...		28B. EMBALMER'S CERT. NO. 300					