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Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0430

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 450

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 43 Irs; IN ARIZONA 43 Irs
C. CITY OR TOWN: Phoenix — XX IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1007 E. Mariposa

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — XX IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1007 E. Mariposa
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) TRUMAN B. (MIDDLE) THEODORE C. (LAST) POURCHOT

4. SEX: MALE

5. COLOR OR RACE: WHITE

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

6B. NAME OF SPOUSE: Emily Harris Pourchet

7. DATE OF BIRTH: MONTH Dec DAY 12 YEAR 1914

8. AGE (IN YEARS LAST BIRTHDAY): 45 — 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): Car Salesman

9B. KIND OF BUSINESS OR INDUSTRY:

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas

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)

13. SOCIAL SECURITY NO.: 526 03 0589

14A. FATHER'S NAME: Theodore Pourchet

14B. BIRTHPLACE (STATE OR COUNTRY): Texas

15A. MOTHER'S MAIDEN NAME: Ollie Patton

15B. BIRTHPLACE (STATE OR COUNTRY): Ark.

16. INFORMANT'S SIGNATURE / ADDRESS: Emily H. Pourchet, 1007 E. Mariposa

17. DATE OF DEATH: (MONTH) Jan. (DAY) 30, (YEAR) 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) (Medical)
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 1-30 19 60 TO 1-30 19 60 THAT I LAST SAW THE DECEASED ALIVE ON 1-30 19 60 AND THAT DEATH OCCURRED AT 9 pm M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Daniel C. Meredith M.D.

22B. ADDRESS: 30 W NK 7 St

22C. DATE SIGNED: 2-1-60

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: Feb. 2, 1960

25C. NAME OF CEMETERY OR CREMATORY: Greenwood

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix,

26A. DATE REC. BY LOCAL REG.: 2/2/60

26B. REGISTRAR'S SIGNATURE: Beulah Johnston

27A. FUNERAL DIRECTOR'S SIGNATURE: Henry J. Fenner

27B. ADDRESS

28A. EMBALMER'S SIGNATURE: Henry J. Fenner

28B. EMBALMER'S CERT. NO.: 150

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