

CERTIFICATE OF DEATH

5494
2338

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND RESIDENCE 47 AND 1 0047	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 6 mos. IN ARIZONA 6 mos.		2. USUAL RESIDENCE A. STATE New Orleans, La. COUNTY		
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN New Orleans <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital				D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? ADDRESS 1333 Esplanado Ave. YES <input type="checkbox"/> NO <input type="checkbox"/>		
	3. NAME OF DECEASED (TYPE OR PRINT) ARTHUR R. BIBEALT			4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
PRECEDENT PERSONAL DATA 6 760	6B. NAME OF SPOUSE Mrs. Annita Bibeault		7. DATE OF BIRTH MONTH 10 DAY 16 YEAR 11	8. AGE (IN YEARS) LAST BIRTHDAY 48	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Painter		
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mass.	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) Yes WW II	13. SOCIAL SECURITY NO. 034 01 0558		
	14A. FATHER'S NAME Alfred Bibeault		14B. BIRTHPLACE (STATE OR COUNTRY) Canada	15A. MOTHER'S MAIDEN NAME Excelia Bibeault		15B. BIRTHPLACE (STATE OR COUNTRY) Mass.	
	16. INFORMANT'S SIGNATURE (Wife) Mrs. Annita Bibeault, 20 Race St., Lowell, Mass.			17. DATE OF DEATH (MONTH) JULY (DAY) 2, (YEAR) 1960			

CAUSE OF DEATH OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). HEPATIC INSUFFICIENCY AND FAILURE		MEDICAL CERTIFICATION (Coma) Hepatic insufficiency and failure		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Acute gastrointestinal hemorrhage from ruptured esophageal varices		DUE TO (B) Diffuse cirrhosis of liver with		4 days
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. portal hypertension		DUE TO (C) Indefinite		
RATIONS, UTOPSY	19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION ---		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **6-29**, 19**60**, TO **7-2**, 19**60**.
AND THAT DEATH OCCURRED AT **10:00 P.** M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE E.M. LIPSCHULTZ, M.D., Chief, Medical Service	22B. ADDRESS VA Hospital, Phoenix, Ariz.	22C. DATE SIGNED 7-6-60
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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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR?	
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE		24B. ADDRESS	24C. DATE SIGNED

GENERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 7/8/1960	25C. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix Arizona
	25A. DATE REC. BY LOCAL REG. 7/8/60	25B. REGISTRAR'S SIGNATURE <i>Beneath Johnston</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>John Moore Jr.</i>	27B. ADDRESS <i>Phoenix Arizona</i>
		28A. EMBALMER'S SIGNATURE <i>John Moore Jr.</i>	28B. EMBALMER'S CERT. NO.	