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affidavit attached

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 5674

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2466

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 21 days; IN ARIZONA 7 mo.
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Maricopa County General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Glendale — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET (IF RURAL, GIVE LOCATION) ADDRESS: 333 W. Glendale Ave.
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

DECEDENT'S PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Lionel B. (MIDDLE) Joseph C. (LAST) Perault
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE
7. DATE OF BIRTH: MONTH DAY YEAR
8. AGE (IN YEARS LAST BIRTHDAY): 52 — IF UNDER 1 YEAR: MONTHS DAYS — IF UNDER 24 HRS.: HRS. MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Salesman
9B. KIND OF BUSINESS OR INDUSTRY: Auto
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): La.
11. CITIZEN OF WHAT COUNTRY? U S A
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: 460 07 6870
14A. FATHER'S NAME: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE — ADDRESS
17. DATE OF DEATH: (MONTH) JULY (DAY) 10th (YEAR) 1960

CAUSE OF DEATH (ITEM 18)

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) G-I Bleeding — 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) Cirrhosis of Liver
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS AND AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 19th, 19 60 TO July 10th, 19 60 THAT I LAST SAW THE DECEASED ALIVE ON July 10th, 19 60 AND THAT DEATH OCCURRED AT 9:50 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE Gaughan M.D. (DEGREE OR TITLE)
22B. ADDRESS 3435 W. Durango, Phoenix, Ariz.
22C. DATE SIGNED 7-11-60

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?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE 7-23-60
25C. NAME OF CEMETERY OR CREMATORY: Maricopa County Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix Maricopa Arizona
26A. DATE REC. BY LOCAL REG. 7/19/60
26B. REGISTRAR'S SIGNATURE Bureah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE Robert D. Lundberg
27B. ADDRESS Glendale, Ariz
28A. EMBALMER'S SIGNATURE Robert D. Lundberg
28B. EMBALMER'S CERT. NO. 332

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