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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6270

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2945

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 5 hrs. IN ARIZONA: 12 yrs
C. CITY OR TOWN: Phoenix ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Phoenix, General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Gila Bend ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 346
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ALPHONSE B. (MIDDLE) J. C. (LAST) ARCHAMBAULT

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Nellie Archambault
7. DATE OF BIRTH — MONTH: April DAY: 4 YEAR: 1893
8. AGE (IN YEARS LAST BIRTHDAY): 67 — IF UNDER 1 YEAR: MONTHS: 4 DAYS: 27 — IF UNDER 24 HRS.: HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Merchant
9B. KIND OF BUSINESS OR INDUSTRY: Dry Goods
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Main
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): W W, I
13. SOCIAL SECURITY NO.: 007-22-3227
14A. FATHER'S NAME: Eli Archambault
14B. BIRTHPLACE (STATE OR COUNTRY): Main
15A. MOTHER'S MAIDEN NAME: Odelia Lepage
15B. BIRTHPLACE (STATE OR COUNTRY): Canada
16. INFORMANT'S SIGNATURE: Nellie Archambault ADDRESS: Box 346 Gila Bend, Ariz.
17. DATE OF DEATH (MONTH) AUGUST (DAY) 31 (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: 7 hrs.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — Unknown
DUE TO (C) Age
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetic

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/26/60 19__ TO 8/31/60 19__ THAT I LAST SAW THE DECEASED ALIVE ON 8/31/60 19__ AND THAT DEATH OCCURRED AT 1.00 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: John J. Cahill (DEGREE OR TITLE) DO
22B. ADDRESS: Box 928 Gila Bend Ariz
22C. DATE SIGNED

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: 8/31/60
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Buckeye, Ariz.
26A. DATE REC. BY LOCAL REG.: 8/31/60
26B. REGISTRAR'S SIGNATURE: Beverly Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Paul M. Stanley
27B. ADDRESS: Buckeye, Ariz.
28A. EMBALMER'S SIGNATURE: Paul M. Stanley
28B. EMBALMER'S CERT. NO.: 264 A.

FORM VS-2 REV. 9-15-55 15M ARPCO 32567

17 77 CE OF DEATH 9 AND 8 AL RESIDENCE 0325 DECEDENT PERSONAL DATA 167 6 960 CAUSE OF DEATH (ITEM 18) 1 0 1 ERATIONS, AUTOPSY 9 MEDICAL TIFICATION 4 DEATH DUE TO EXTERNAL VIOLENCE CORONER'S TIFICATION UNERAL DIRECTOR AND EGISTRAR 2