

4627
127

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PUNCHED
VERIFIED

15
PLACE OF DEATH
1 AND 51
AL RESIDENCE
0308

PRECEDENT
PERSONAL
DATA

4200
CAUSE
OF
DEATH
(ITEM 18)

OPERATIONS
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY Yuma		B. LENGTH OF STAY IN THIS TOWN 14 yrs. IN ARIZONA 14 yrs.		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. 4627 (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) B. COUNTY Yuma	
C. CITY OR TOWN Yuma		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Yuma		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Parkview Baptist Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 2185 5th Ave.			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Paul		B. (MIDDLE) Peter		C. (LAST) Cebulak		4. SEX Male	
5B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH 6 DAY 26 YEAR 1890		8. AGE (IN YEARS LAST BIRTHDAY) 70		5. COLOR OR RACE White	
9B. KIND OF BUSINESS OR INDUSTRY Steel		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania		11. CITIZEN OF WHAT COUNTRY? U.S.A.		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
14A. FATHER'S NAME John Cebulak		14B. BIRTHPLACE (STATE OR COUNTRY) Czechoslovakia		15A. MOTHER'S MAIDEN NAME Unknown		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Tool and Die Maker	
16. INFORMANT'S SIGNATURE James M. Cebulak				ADDRESS 2185 5th Ave.			
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (A) Heart Failure DUE TO (B) Pulmonary Congestion DUE TO (C) Arteriosclerotic Heart Disease II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				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. 292-10-0023	
19A. DATE OF OPERATION		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 5-25 19 61 TO 5/26 19 61 AND THAT DEATH OCCURRED AT 4:56 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE Matthew L. Wong		(DEGREE OR TITLE) M.D.		22B. ADDRESS 425 8th Street, Yuma, Ariz.		22C. DATE SIGNED 5/25/61	
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 <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 5/26/61		25C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Arizona	
26A. DATE REC. BY LOCAL REG. 5-26-61		26B. REGISTRAR'S SIGNATURE Marie Nelson		27A. FUNERAL DIRECTOR'S SIGNATURE Ray Dixon-Yuma Mortuary		27B. ADDRESS 551 18th Street	
28A. EMBALMER'S SIGNATURE Ray Dixon				28B. EMBALMER'S CERT. NO. 388			