ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 10365

BIRTH NO.

REGISTRAR'S NO. 3010

LAUNCHED VERIFIED

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: YAVAPAI
B. LENGTH OF STAY — IN THIS TOWN: 1 day; IN ARIZONA: 3 day
C. CITY OR TOWN: PRESCOTT — IN CITY LIMITS ☐ OUTSIDE CITY LIMITS ☒
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PRESCOTT COMMUNITY HOSP

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: MINN
B. COUNTY:
C. CITY OR TOWN: BEMIDJI — IN CITY LIMITS ☒ OUTSIDE CITY LIMITS ☐
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 720 9th St
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) LESTER B. (MIDDLE) ROY C. (LAST) SAVARD
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: ANNA M.
7. DATE OF BIRTH — MONTH: 8 DAY: 29 YEAR: 96
8. AGE (IN YEARS LAST BIRTHDAY): 66 — 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): ENGINEER RET.
9B. KIND OF BUSINESS OR INDUSTRY: POWER
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): CANADA
11. CITIZEN OF WHAT COUNTRY? YES
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): YES (IF YES, WAR OR DATES OF SERVICE): WWI
13. SOCIAL SECURITY NO.: 472426-6746
14A. FATHER'S NAME: THOMAS SAVARD
14B. BIRTHPLACE (STATE OR COUNTRY): CANADA
15A. MOTHER'S MAIDEN NAME: MARY JANE PERRAULT
15B. BIRTHPLACE (STATE OR COUNTRY): CANADA
16. INFORMANT'S SIGNATURE: ANNA M. SAVARD ADDRESS: BEMIDJI MINN
17. DATE OF DEATH — (MONTH): 11 (DAY): 28 (YEAR): 62

CAUSE OF DEATH (ITEM 18) H-301 0

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) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: Hrs.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Old recent myocardial infarct — Days - Wks
DUE TO (C) Coronary artery Thrombosis — Days - Wks

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM —— 19— TO —— 19— THAT I LAST SAW THE DECEASED ALIVE ON 11/29 19 62 AND THAT DEATH OCCURRED AT —— M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Albert O. Daniels M.D. (DEGREE OR TITLE)
22B. ADDRESS: Box 1311 Prescott
22C. DATE SIGNED: 11/29/62

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: Dan J. Beaman
24B. ADDRESS: Prescott, Arizona
24C. DATE SIGNED: 11-29-62

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 11-29-62
25C. NAME OF CEMETERY OR CREMATORY: LEWIS COLONIAL MORTUARY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): SAN DIAGO CALIFORNIA
26A. DATE REC. BY LOCAL REG. 11/29/62
26B. REGISTRAR'S SIGNATURE: Blanche Lee's Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: J. W. Huffman
27B. ADDRESS: PRESCOTT
28A. EMBALMER'S SIGNATURE: J. W. Huffman
28B. EMBALMER'S CERT. NO. 247 A

FORM VS-2 REV. 5-9-60 - 25M