

CERTIFICATE OF DEATH

REGISTRAR'S NO.

854

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY MARICOPA	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA LIFE LIFE	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA B. COUNTY MARICOPA	
	C. CITY OR TOWN PHOENIX	<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	C. CITY OR TOWN PHOENIX	<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS RT. 2 BOX 753, Phoenix	E. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

DECEASED PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ALFRED B. (MIDDLE) FORTUNE C. (LAST) HAULOT			4. SEX MALE	5. COLOR OR RACE CAUCASIAN	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED
	6B. NAME OF SPOUSE MILDRED HAULOT		7. DATE OF BIRTH MONTH 3 DAY 27 YEAR 1900	8. AGE (IN YEARS LAST BIRTHDAY) 61	IF UNDER 1 YEAR MONTHS --- DAYS ---	IF UNDER 24 HRS. HOURS --- MIN. ---
	9B. KIND OF BUSINESS OR INDUSTRY RANCH	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARIZONA	11. CITIZEN OF WHAT COUNTRY? U.S.A.	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. 526-04-232

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 Mrs. Mildred Haulot, Phoenix		17. DATE OF DEATH (MONTH) FEBRUARY (DAY) 22 (YEAR) 1963	

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) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH about 36 hours
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	DUE TO (B) _____		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	DUE TO (C) _____		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 24, 1961, to February 22, 1963, THAT I LAST SAW THE DECEASED ALIVE ON February 22, 1963, AND THAT DEATH OCCURRED AT 9:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) Harold M. M...	22B. ADDRESS 550 W. Thomas Road, 134-C, Phoenix 13	22C. DATE SIGNED Feb. 25, 1963
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23A. ACCIDENT (SPECIFY) SUICIDE	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE) PHOENIX MARICOPA ARIZONA
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23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 2-26-1963	25C. NAME OF CEMETERY OR CREMATORY RESTHAVEN CEMETERY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) GLENDALE, ARIZONA
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26A. DATE REC. BY LOCAL REG. 2/25/63	26B. REGISTRAR'S SIGNATURE Charles J. ...	27A. FUNERAL DIRECTOR'S SIGNATURE Page E. ...	27B. ADDRESS GLENDALE, ARIZ.
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28A. EMBALMER'S SIGNATURE Page E. ...	28B. EMBALMER'S CERT. NO. 365-A
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4301
CAUSE OF DEATH (ITEM 18)

1201
DEATH DUE TO EXTERNAL VIOLENCE