

0275

238

CERTIFICATE OF DEATH

REGISTRAR'S NO.

UNRECORDED
UNFILED

BIRTH NO.		1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)				
		A. COUNTY <u>MARICOPA</u>		IN THIS TOWN <u>2 WKS</u> IN ARIZONA <u>2 WKD</u>		A. STATE <u>ARIZONA</u>		B. COUNTY <u>MARICOPA</u>		
DEATH AND RESIDENCE		C. CITY OR TOWN <u>PHOENIX</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>PHOENIX</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
		D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>DOCTOR'S HOSPITAL</u>				D. STREET (IF RURAL, GIVE LOCATION) <u>2601 E. TURNEY,</u>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DECEDENT PERSONAL DATA		3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>WILFRED</u> B. (MIDDLE) <u>F.</u> C. (LAST) <u>DIAGNAULT</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>CAUC.</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>MARRIED</u>			
		6B. NAME OF SPOUSE <u>EVA DAIGNAULT</u>	7. DATE OF BIRTH MONTH <u>4</u> DAY <u>10</u> YEAR <u>'97</u>	8. AGE (IN YEARS) LAST BIRTHDAY <u>66</u>	IF UNDER 1 YEAR MONTHS <u></u> DAYS <u></u>	IF UNDER 24 HRS. HOURS <u></u> MIN. <u></u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>MACHINE OPERATOR</u>			
		9B. KIND OF BUSINESS OR INDUSTRY <u>ELECTRICAL</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>MASS.</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>YES</u>	IF YES, WAR OR DATES OF SERVICE <u>WW I</u>	13. SOCIAL SECURITY NO. <u>020-03-2139</u>			
		14A. FATHER'S NAME <u>ARSENE DAIGNAULT</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>UNKN.</u>	15A. MOTHER'S MAIDEN NAME <u>AURORE BABEU</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>UNKN.</u>			
		16. INFORMANT'S SIGNATURE <u>MRS. EVELYN GREEN</u> ADDRESS <u>2601 E. TURNEY</u>				17. DATE OF DEATH (MONTH) <u>JANUARY</u> (DAY) <u>15</u> (YEAR) <u>1964</u>				
CAUSE OF DEATH (EM 18)		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>PHOENIX</u>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH			
		† THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Anterior wall myocardial infarct</u>			<u>56 hours</u>			
		PLACE DISEASE CONTRACTED. <u></u>		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Arteriosclerotic heart disease</u>			<u>2 1/2 years</u>			
		19A. DATE OF OPERATION <u></u>		19B. MAJOR FINDINGS OF OPERATION <u></u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
MEDICAL CERTIFICATION		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan. 13</u> , 19 <u>64</u> TO <u>Jan. 15</u> , 19 <u>64</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Jan. 14</u> , 19 <u>64</u> , AND THAT DEATH OCCURRED AT <u>4:30 A.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
		22A. SIGNATURE (DEGREE OR TITLE) <u>Chas. J. Fisher, M.D.</u>				22B. ADDRESS <u>909 E. Brill St., Phoenix, Ariz.</u>		22C. DATE SIGNED <u>Jan. 15, 1964</u>		
DEATH DUE TO EXTERNAL VIOLENCE		23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <u></u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u></u>		23C. (CITY OR TOWN) (COUNTY) (STATE) <u></u>				
		23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u></u> M <u></u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u></u>				
CORONER'S CERTIFICATION		24A. CORONER'S SIGNATURE <u></u>				24B. ADDRESS <u></u>		24C. DATE SIGNED <u></u>		
GENERAL DIRECTOR AND REGISTRAR		25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE <u>1-16-64</u>	25C. NAME OF CEMETERY OR CREMATORY <u></u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>NORTH ADAMS, MASS.</u>				
		26A. DATE REC. BY LOCAL REG. <u>1/16/64</u>	26B. REGISTRAR'S SIGNATURE <u>Bush</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Sage</u>		27B. ADDRESS <u>PHOENIX, ARIZ.</u>			
		28A. EMBALMER'S SIGNATURE <u>John W. Maden</u>				28B. EMBALMER'S CERT. NO. <u>372-A</u>				