

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

0551

CERTIFICATE OF DEATH

REGISTRAR'S NO. 339

BIRTH NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <i>Maricopa</i>		B. LENGTH OF STAY IN THIS TOWN <i>11 yrs</i> IN ARIZONA <i>11 yrs</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <i>Arizona</i> B. COUNTY <i>Maricopa</i>	
	C. CITY OR TOWN <i>Phoenix</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <i>Phoenix</i> <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Good Samaritan Hospital</i>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <i>14617 North 1st Ave</i>	

DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Charles</i> B. (MIDDLE) <i>Henry</i> C. (LAST) <i>Perreault</i>			4. SEX <i>M</i>	5. COLOR OR RACE <i>White</i>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Widowed</i>
	6B. NAME OF SPOUSE <i>Katherine</i>		7. DATE OF BIRTH MONTH <i>2</i> DAY <i>8</i> YEAR <i>1892</i>	8. AGE (IN YEARS LAST BIRTHDAY) <i>71</i>	IF UNDER 1 YEAR MONTHS <i></i> DAYS <i></i>	IF UNDER 24 HRS. HOURS <i></i> MIN. <i></i>
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Mass.</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <i>No</i>	IF YES, WAR OR DATES OF SERVICE	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <i>Ret. Metal Polisher</i>
	14A. FATHER'S NAME <i>Peter Perreault</i>	14B. BIRTHPLACE (STATE OR COUNTRY) <i>Canada</i>	15A. MOTHER'S MAIDEN NAME <i>Henrietta Baudreau</i>	15B. BIRTHPLACE (STATE OR COUNTRY) <i>Canada</i>	13. SOCIAL SECURITY NO. <i>040-10-5559</i>	

CAUSE OF DEATH (TEM 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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>JAN 20 1964</i> <i>6:00 MINUTE S</i> <i>11:00 P</i> <i>RFR S</i>
	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.		(A) <i>ACUTE HEART FAILURE</i> <i>ATHEROSCLEROTIC HEART DISEASE</i> <i>(AND) RECURRING DECOMPENSATION</i> <i>CORONARY DISEASE OLD</i>		DUE TO (B) <i>MYOCARDIAL INFARCTION</i>
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (C)		

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
EDUCATIONAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Nov. 2, 1964</i> TO <i>JAN. 20, 1964</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>Nov. 18, 1964</i> , AND THAT DEATH OCCURRED AT <i>11307 W. Lowell Rd.</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	22A. SIGNATURE <i>Charles J. Rothman MD</i>	22B. ADDRESS <i>11307 W. Lowell Rd.</i>	22C. DATE SIGNED

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 (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?
DEATH DUE TO EXTERNAL VIOLENCE	24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED

GENERAL REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <i>1-22-64</i>	25C. NAME OF CEMETERY OR CREMATORY <i>St. Francis Cemetery</i>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Phoenix, Arizona</i>
	26A. DATE REC. BY LOCAL REG. <i>1/22/64</i>	26B. REGISTRAR'S SIGNATURE <i>Charles J. Rothman</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>Thurman L. Hansen</i>	27B. ADDRESS <i>HANSEN MORTUARY 8314 N. 7th St. Phx.</i>
	28A. EMBALMER'S SIGNATURE <i>Thurman L. Hansen</i>	28B. EMBALMER'S CERT. NO. <i>389A</i>		