

CERTIFICATE OF DEATH

REGISTRAR'S NO. 41

BIRTH NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 42 yrs. IN ARIZONA 42 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
	C. CITY OR TOWN Tempe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona B. COUNTY Maricopa	
	D. FULL NAME OF HOSPITAL OR INSTITUTION 3117 Clementine Dr.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 3117 Clementine Dr.	

IDENTIFICATION DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) JOHN B. (MIDDLE) LAWRENCE C. (LAST) CHENNAULT			4. SEX Male	5. COLOR OR RACE Cau.	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
	6B. NAME OF SPOUSE Edgalee Chennault		7. DATE OF BIRTH (MONTH DAY YEAR) Mar. 30 1898	8. AGE (IN YEARS LAST BIRTHDAY) 66	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	9B. KIND OF BUSINESS OR INDUSTRY Farming	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	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. 570-40-4291
	14A. FATHER'S NAME John Thomas Chennault		14B. BIRTHPLACE (STATE OR COUNTRY) Miss.	15A. MOTHER'S MAIDEN NAME Nancie A. Chesshir		15B. BIRTHPLACE (STATE OR COUNTRY) Texas
16. INFORMANT'S SIGNATURE Edgalee Chennault			ADDRESS			17. DATE OF DEATH (MONTH DAY YEAR) APRIL 27, 1964

CAUSE OF DEATH	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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Stroke		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. Disease & hypertension			5 years
PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial Asthma			5 1/2 years	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 19, 60 TO April 27, 64 , THAT I LAST SAW THE DECEASED ALIVE ON April 27, 64 , AND THAT DEATH OCCURRED AT 11:30 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE (PREPARE OR TITLE) [Signature]			22B. ADDRESS Tempe, Arizona		22C. DATE SIGNED 4-27-64

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?	
24A. CORONER'S SIGNATURE			24B. ADDRESS			24C. DATE SIGNED

GENERAL INFORMATION	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 4-30-64	25C. NAME OF CEMETERY OR CREMATORY Double Butte Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tempe, Arizona
	26A. DATE REC. BY LOCAL REG. 4-28-64	26B. REGISTRAR'S SIGNATURE Ann Robertson, Deputy		27A. FUNERAL DIRECTOR'S SIGNATURE Lawrence W. Carr		27B. ADDRESS Tempe, Arizona
28A. EMBALMER'S SIGNATURE Lawrence W. Carr				28B. EMBALMER'S CERT. NO. 239A		

