

PUNCHED
VERIFIED

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2748

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>	B. LENGTH OF STAY IN THIS TOWN <u>1 week</u> IN ARIZONA <u>18 Mos.</u>	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>
	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>Sun City</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>10248 Palmer Dr. E.</u> E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Truman</u> B. (MIDDLE) <u>Arthur</u> C. (LAST) <u>Lacey</u>	4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
	6B. NAME OF SPOUSE <u>Daisy Lacey</u>	7. DATE OF BIRTH MONTH <u>Dec.</u> DAY <u>19</u> YEAR <u>1903</u>	8. AGE (IN YEARS LAST BIRTHDAY) <u>60</u>	IF UNDER 1 YEAR MONTHS <u> </u> DAYS <u> </u>
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Architect</u>	9B. KIND OF BUSINESS OR INDUSTRY <u>General</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>New York</u>	11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
14A. FATHER'S NAME <u>Arthur T. Lacey</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Penna.</u>	15A. MOTHER'S MAIDEN NAME <u>Florence Talbot</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>N. Y.</u>	13. SOCIAL SECURITY NO. <u>113-14-7995</u>
16. INFORMANT'S SIGNATURE <u>Daisy Lacey</u>	ADDRESS <u>Sun City Arizona</u>	17. DATE OF DEATH (MONTH) <u>June</u> (DAY) <u>27</u> (YEAR) <u>1964</u>		

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. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Peritonitis</u> DUE TO (B) <u>perforated ulcer</u> DUE TO (C) <u>Typhus Exanthematicus</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>One week</u> <u>Several months</u>
	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Sept 1963</u> TO <u>June 27 1964</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>June 27 1964</u> , AND THAT DEATH OCCURRED AT <u>9:15 A.M.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			

MEDICAL CERTIFICATION	22A. SIGNATURE <u>Samuel J. Miller</u>	(DEGREE OR TITLE) <u>M.D.</u>	22B. ADDRESS <u>1313 N 23rd ST</u>	22C. DATE SIGNED <u>June 27, 1964</u>
	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)	

DEATH DUE TO EXTERNAL VIOLENCE	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 REGISTRY AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>June 29, 1964</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Sunland Memorial Park</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Sun City, Arizona</u>
	26A. DATE REC. BY LOCAL REG. <u>6/27/64</u>	26B. REGISTRAR'S SIGNATURE <u>Benedict Johnston</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>Robert D. Lundberg</u>	27B. ADDRESS <u>Youngtown, Arizona</u>