ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4983

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 435

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY — IN THIS TOWN: 1 day; IN ARIZONA: life
C. CITY OR TOWN: Globe — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 15 miles East Globe, Highway 60

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Apache
C. CITY OR TOWN: Alpine — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): p.O. Box 46

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Richard B. (MIDDLE) W. C. (LAST) Judd

4. SEX: male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Elsie Fuentes Judd
7. DATE OF BIRTH — MONTH: June DAY: 24 YEAR: 1926
8. AGE (IN YEARS LAST BIRTHDAY): 30
IF UNDER 1 YEAR — MONTHS: 2 DAYS: 2
IF UNDER 24 HRS. — HOURS: ** MIN.: **
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): grocery-service statio
9B. KIND OF BUSINESS OR INDUSTRY: retail grocery
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): St. John's, Ariz.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): yes (IF YES, WAR OR DATES OF SERVICE): World War II USN.
13. SOCIAL SECURITY NO.: 527-26-4271
14A. FATHER'S NAME: E. L. Judd
14B. BIRTHPLACE (STATE OR COUNTRY): Pima, Arizona
15A. MOTHER'S MAIDEN NAME: Iva Sharp
15B. BIRTHPLACE (STATE OR COUNTRY): St. John's, Ariz
16. INFORMANT'S SIGNATURE: James F. Judd — ADDRESS: Alpine, Ariz.
17. DATE OF DEATH (MONTH) Aug 26, 1956 (DAY) 11.35 (YEAR) p.m.

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) Fractured skull and multiple contusions body & limbs. — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ~~ATTENDED THE DECEASED FROM~~ examined body on Aug 27 to 27, 1956, THAT I ~~LAST SAW THE DECEASED~~ examined body aug. 27, 1956, AND THAT DEATH OCCURRED AT Aug. 26-11 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: T. C. Hazen, M.D. (DEGREE OR TITLE)
22B. ADDRESS: Globe, Ariz.
22C. DATE SIGNED: 8-27-56

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway 60
23C. (CITY OR TOWN) Globe (COUNTY) Gila (STATE) Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Aug. 26, 1956 11.35 p.m.
23E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Truck accident

24A. CORONER'S SIGNATURE: [illegible]
24B. ADDRESS: Box 811 Globe, Arizona
24C. DATE SIGNED: 8-27-56

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: Aug 28, 1956
25C. NAME OF CEMETERY OR CREMATORY: Alpine Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Alpine, Arizona.
26A. DATE REC. BY LOCAL REG.: 8-27-56
26B. REGISTRAR'S SIGNATURE: Irene Newell
27A. FUNERAL DIRECTOR'S SIGNATURE: Jesse James Walker
27B. ADDRESS: Globe, Arizona.
Embalmer #323

FORM VS-2 REV. 6-1-53 AMPCO 70385

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ECEDENT ERSONAL DATA
CAUSE OF DEATH (ITEM 18)
ERAT AUTOP
MEDICAL TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION
UNERAL IRECTOR AND EGISTRAR