ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2501

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1195

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 26 Yrs; IN ARIZONA 26 Yrs
C. CITY OR TOWN: Phoenix ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3122 W. McDowell Road

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 3108 W. McDowell
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Albert B. (MIDDLE) O. C. (LAST) TACKETT
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mae Tackett
7. DATE OF BIRTH: MONTH Dec. DAY 9th YEAR 1897
8. AGE (IN YEARS LAST BIRTHDAY): 59 IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Service Station Opr.
9B. KIND OF BUSINESS OR INDUSTRY: Retail Gasoline
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
11. CITIZEN OF WHAT COUNTRY? United States Am.
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.: Unknown
14A. FATHER'S NAME: James Ralph Tackett
14B. BIRTHPLACE (STATE OR COUNTRY): Kentucky
15A. MOTHER'S MAIDEN NAME: Annie Compton
15B. BIRTHPLACE (STATE OR COUNTRY): Ohio
16. INFORMANT'S SIGNATURE: Wife Mae 3108 W. McDowell Rd. Phoenix, Arizona ADDRESS
17. DATE OF DEATH: (MONTH) April (DAY) 26, (YEAR) 1957

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10-20 min

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 4-26 19 57 TO Apr. 26, 19 57 THAT I LAST SAW THE DECEASED ALIVE ON 4-26-57, 19 ___, AND THAT DEATH OCCURRED AT 8:30 p. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): James L. Hoffe M.D.
22B. ADDRESS: 5630 N. 27th Ave
22C. DATE SIGNED: 4-27-57

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: April 29th 1957
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 4-29-57
26B. REGISTRAR'S SIGNATURE: Bruce Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Edwin S. Stamer
27B. ADDRESS: Phoenix, Arizona
28. EMBALMER'S SIGNATURE: Charles Mercer
28B. EMBALMER'S CERT. NO.: 304 R

FORM VS 2 REV. 3-15-55 ORIGINAL
MERCER MORTUARY & CHAPEL PHOENIX, ARIZONA

E OF DEATH AND L RESIDENCE
ECEDENT ERSONAL DATA
CAUSE OF DEATH (ITEM 18)
ERATIONS, AUTOPSY
MEDICAL TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION
UNERAL IRECTOR AND EGISTRAR