ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1131

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 405

1. PLACE OF DEATH
A. COUNTY Coconino
B. LENGTH OF STAY IN THIS TOWN | IN ARIZONA
C. CITY OR TOWN 3½ Miles West of Williams on Highway 66 ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3½ Miles West of Williams on Highway 66

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Illinois
B. COUNTY
C. CITY OR TOWN East St Louis ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 850 Michigan Ave
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) James B. (MIDDLE) Albert C. (LAST) Long
4. SEX Male
5. COLOR OR RACE White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
6B. NAME OF SPOUSE (MARRIAGE) Margaret Jean Long
7. DATE OF BIRTH MONTH Mar DAY 18 YEAR 1909
8. AGE (IN YEARS LAST BIRTHDAY) 50 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) Automobile Mechanic
9B. KIND OF BUSINESS OR INDUSTRY Automobile
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO. 559-03-5468
14A. FATHER'S NAME William Henry Long
14B. BIRTHPLACE (STATE OR COUNTRY) Illinois
15A. MOTHER'S MAIDEN NAME Lydia Ann Riley
15B. BIRTHPLACE (STATE OR COUNTRY) Illinois
16. INFORMANT'S SIGNATURE Mrs John Long ADDRESS 850 Michigan Ave East St Louis Mo
17. DATE OF DEATH (MONTH) Feb (DAY) 14 (YEAR) 1960

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Acute Cardiac
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension
DUE TO (C) (Coronary)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH: ? ? ?

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19__ TO _____ 19__ THAT I LAST SAW THE DECEASED ALIVE ON _____ 19__ AND THAT DEATH OCCURRED AT 1:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE Martin C. Stein (DEGREE OR TITLE) MD
22B. ADDRESS Williams Ariz
22C. DATE SIGNED 1-15-60

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

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE Thomas E. Ray
24B. ADDRESS Williams Ariz
24C. DATE SIGNED 1-14-60

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE 2/22/60
25C. NAME OF CEMETERY OR CREMATORY Williams K of P
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Williams Arizona
26A. DATE REC. BY LOCAL REG. 2-24-60
26B. REGISTRAR'S SIGNATURE Ruby O. Thompson
27A. FUNERAL DIRECTOR'S SIGNATURE Helen B. Walker
27B. ADDRESS Williams Arizona
28A. EMBALMER'S SIGNATURE Helen B. Walker
28B. EMBALMER'S CERT. NO. 373A

FORM VS-2 REV. 3-15-55 15M AMPCO 16656