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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6094

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2129

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY: IN THIS TOWN 6 Yrs. IN ARIZONA 21 Yrs
C. CITY OR TOWN: Prescott — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1700 Idylwild Dr.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Prescott — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1700 Idylwild Dr.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Roy B. (MIDDLE) L. C. (LAST) Albertson Sr.
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Helen Albertson
7. DATE OF BIRTH: MONTH 8 DAY 10 YEAR 1898
8. AGE (IN YEARS LAST BIRTHDAY): 61 — 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): Radio Stn. Owner
9B. KIND OF BUSINESS OR INDUSTRY: Radio
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): WW-1
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: Charles H. Albertson
14B. BIRTHPLACE (STATE OR COUNTRY): Indiana
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Helen Albertson — ADDRESS: Prescott, Arizona
17. DATE OF DEATH: (MONTH) 7 (DAY) 27 (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (A) Acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary artherosclerosis
DUE TO (C) Cerebral arteriosclerosis — Years

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 ____ 19__ TO 27 July 19 60 THAT I LAST SAW THE DECEASED ALIVE ON 27 July 1960 AND THAT DEATH OCCURRED AT 12:15 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Ray P. Greene (DEGREE OR TITLE) M.D.
22B. ADDRESS: Prescott, Arizona
22C. DATE SIGNED: 7-30-60

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 7-30-60
25C. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Prescott, Arizona
26A. DATE REC. BY LOCAL REG.: 7-30-60
26B. REGISTRAR'S SIGNATURE: Blanche Jones - Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry C. Hampton
27B. ADDRESS: Prescott, Arizona
28A. EMBALMER'S SIGNATURE: Henry C. Hampton
28B. EMBALMER'S CERT. NO.: 308

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DECEDENT / PERSONAL DATA 61
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4201 CAUSE OF DEATH (ITEM 18) 6 0
ERATIONS AUTOPSY 2
MEDICAL TIFICATION 2
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S TIFICATION
FUNERAL DIRECTOR AND EGISTRAR 2
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