PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 5694

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2386

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 38 Yrs; IN ARIZONA 38 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): 1246 E. Willetta Phoenix Ariz.

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 (IF RURAL, GIVE LOCATION) ADDRESS: 1246 E Willetta Phoenix
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Franklin B. (MIDDLE) Alden C. (LAST) Almstead
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Grace Almstead
7. DATE OF BIRTH: MONTH June DAY 13 YEAR 1874
8. AGE (IN YEARS LAST BIRTHDAY): 87 — 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): Mining & Electrial
9B. KIND OF BUSINESS OR INDUSTRY: Engineer
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
11. CITIZEN OF WHAT COUNTRY? USA.
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.: 527-20-2216
14A. FATHER'S NAME: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): unk
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): UNK.
16. INFORMANT'S SIGNATURE: Mrs Grace Almstead — ADDRESS: 1246 E. Willetta Phx.
17. DATE OF DEATH (MONTH) July (DAY) 11 (YEAR) 1961

CAUSE OF DEATH (ITEM 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) Medullary failure — INTERVAL BETWEEN ONSET AND DEATH: minutes

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

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Long history of coronary Atherosis & congestive failure — yrs.

OPERATIONS AND AUTOPSY

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

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-1-57, 19 57 TO 7-6, 19 61, THAT I LAST SAW THE DECEASED ALIVE ON 7-6, 19 61, AND THAT DEATH OCCURRED AT 7:00 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Richard A. Stiles (DEGREE OR TITLE) MD
22B. ADDRESS: 100 W. Osborn
22C. DATE SIGNED: July 11, 1961

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
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 7/14/61
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix Arizona
26A. DATE REC. BY LOCAL REG.: 7/14/61
26B. REGISTRAR'S SIGNATURE: Bernice Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Mike Moore & Sons
27B. ADDRESS: Phoenix Arizona
28A. EMBALMER'S SIGNATURE: John R. Gooding
28B. EMBALMER'S CERT. NO. 300

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FORM VS-8 REV. 5-8-60 - 30M