ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 72265

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 298

1. PLACE OF DEATH
A. COUNTY: Yavapai
B. LENGTH OF STAY — IN THIS TOWN: 2 dys. IN ARIZONA: 40 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): Yavapai County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Yavapai
C. CITY OR TOWN: Cottonwood — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): P.O. Box 99

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Alpha B. (MIDDLE) NMI C. (LAST) Malone
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH — MONTH: Dec. DAY: 27 YEAR: 1885
8. AGE (IN YEARS LAST BIRTHDAY): 68 — 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): Unknown
9B. KIND OF BUSINESS OR INDUSTRY: Unknown
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mo.
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Unknown — (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: Frank Malone
14B. BIRTHPLACE (STATE OR COUNTRY): N.Y.
15A. MOTHER'S MAIDEN NAME: Martha Bond
15B. BIRTHPLACE (STATE OR COUNTRY): Mo.
16. INFORMANT'S SIGNATURE — ADDRESS: Yavapai County Hospital Records
17. DATE OF DEATH (MONTH) Nov. (DAY) 5, (YEAR) 1953

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 4200
+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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (A) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Chronic myocarditis
DUE TO (C) Arteriosclerotic Heart Disease

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Dermatitis Chr. — 10 yrs.

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

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 3, 1953 TO Nov. 5, 1953 THAT I LAST SAW THE DECEASED ALIVE ON Nov. 5, 1953 AND THAT DEATH OCCURRED AT 7:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): [signature] MD.
23B. ADDRESS: Prescott, Arizona
23C. DATE SIGNED: NOV 10 1953

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: Nov. 6, 1953
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Cottonwood, Arizona
25A. DATE REC'D BY LOCAL REG.: 11/10/53
25B. REGISTRAR'S SIGNATURE: Dixie Trabue, Deputy
26. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Henry C. Hampton
27. EMBALMER'S SIGNATURE: Henry C. Hampton — CERT. NO. 308

FORM VS 2 REV. 4-15-52