ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0687

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 5

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 35 Yrs. IN ARIZONA 35 Yrs.
C. CITY OR TOWN: Yuma ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Hghy. 95- 18 Miles No. of Yuma

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Yuma ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 676 8th Ave.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Paul
B. (MIDDLE): Julian
C. (LAST): Lipscomb

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Faye F. Lipscomb
7. DATE OF BIRTH: MONTH 2 DAY 26 YEAR 1901
8. AGE (IN YEARS LAST BIRTHDAY): 54 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): Druggist
9B. KIND OF BUSINESS OR INDUSTRY: Drug Store
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Amarillo, Tex.
11. CITIZEN OF WHAT COUNTRY?: U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No IF YES, WAR OR DATES OF SERVICE: No
13. SOCIAL SECURITY NO.: Not Avail.
14A. FATHER'S NAME: Thomas David Lipscomb
14B. BIRTHPLACE (STATE OR COUNTRY): Ga.
15A. MOTHER'S MAIDEN NAME: Margaret Idella Harris
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Harrison Fisher ADDRESS: Yuma Arizona
17. DATE OF DEATH: (MONTH) Jan. (DAY) 5 (YEAR) 1956

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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‡
(A) Skull fracture & internal injuries
DUE TO (B) automobile accident
DUE TO (C)

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

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 never, 19___, TO 5 Jan. 56, 1956, THAT I LAST SAW THE DECEASED ALIVE ON ___, 19___, AND THAT DEATH OCCURRED AT 8:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): John F. Stanley M.D.
22B. ADDRESS: Yuma, Arizona
22C. DATE SIGNED: 6 Jan. 56

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY): accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway
23C. (CITY OR TOWN) (COUNTY) (STATE): Yuma, Yuma, Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): Jan. 5 1956 8:00P.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR: automobile accident.

24A. CORONER'S SIGNATURE: Ezel E. Byrd Coroner
24B. ADDRESS: 501 First St. Yuma - Ariz.
24C. DATE SIGNED: 6 Jan. 56

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 1-7-56
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Yuma, Arizona
26A. DATE REC. BY LOCAL REG.: 1-7-1956
26B. REGISTRAR'S SIGNATURE: Dennis L. Brick Deputy Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary O. Johnson Pres.
27B. ADDRESS: Box 310, Yuma, Ariz.

FORM VS-2 REV. 6-1-53 AMPOS 77595