ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0065

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3

1. PLACE OF DEATH
A. COUNTY: Cocenino
B. LENGTH OF STAY IN THIS TOWN / IN ARIZONA: en-route
C. CITY OR TOWN: Flagstaff — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 138 Mi. No. on Hwy 89

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Utah
B. COUNTY: Salt Lake
C. CITY OR TOWN: Salt Lake City — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2408 S. 8th West St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Rulon (LAST) Derrity — B. (FIRST) Ladd (LAST) Dorrity
4. SEX: m
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Stella Rackley
7. DATE OF BIRTH: MONTH May, DAY 21, YEAR 1925
8. AGE (IN YEARS LAST BIRTHDAY): 32 — 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): Cement Finisher
9B. KIND OF BUSINESS OR INDUSTRY: Construction
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): yes — (IF YES, WAR OR DATES OF SERVICE): WWII
13. SOCIAL SECURITY NO.: 528-22-6561
14A. FATHER'S NAME: Rulon F. Derrity
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Reva Gustaversen
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Mildred Rackley — ADDRESS: 36 E. 7th So. St.
17. DATE OF DEATH: (MONTH) January (DAY) 12 (YEAR) 1958

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

MEDICAL CERTIFICATION
(A) multiple rib fractures - skull fractures - fracture
DUE TO (B) cervical spine - pelvis
DUE TO (C) fracture

INTERVAL BETWEEN ONSET AND DEATH: Instant

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 Post Mortem only, 19___, THAT I LAST SAW THE DECEASED ALIVE ON ___, 19___, AND THAT DEATH OCCURRED AT ___ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Chas. Gehrt (DEGREE OR TITLE) M.D.
22B. ADDRESS: Flagstaff, Ariz.
22C. DATE SIGNED: 1-13-58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): U.S. Hwy 89, 138 miles No. of
23C. (CITY OR TOWN) Flagstaff (COUNTY) Cocenino (STATE) Ariz.
23D. TIME OF INJURY (MONTH) Jan (DAY) 12 (YEAR) 1958 (HOUR) 8:30 P.M.
23E. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? truck left hwy & hit cement abutment

24A. CORONER'S SIGNATURE: James T. Brierley Ex-officio
24B. ADDRESS: Flagstaff, Arizona
24C. DATE SIGNED: Jan. 13, 1958

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: Jan. 15, 1958
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Salt Lake City, Utah
26A. DATE REC. BY LOCAL REG.: 1/15/58
26B. REGISTRAR'S SIGNATURE: J. McGee
27A. FUNERAL DIRECTOR'S SIGNATURE: W. L. Compton
27B. ADDRESS: Flagstaff, Arizona
28. EMBALMER'S SIGNATURE: W. L. Compton
28B. EMBALMER'S CERT. NO.: 155-A

FORM VS 2 REV. 2-15-55

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AND X
AL RESIDENCE
DECEDENT
PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
ERATIONS, AUTOPSY
MEDICAL TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION
UNERAL DIRECTOR AND EGISTRAR