

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

4 04
E OF DEATH
AND 98
L RESIDENCE
F-

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY (IN THIS TOWN) IN ARIZONA <u>4</u> YRS <u>11</u> YRS		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF IN INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u>		B. COUNTY	
C. CITY OR TOWN <u>Payson</u>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Payson</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Second St.</u>				E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Gen. Del</u>	

PRECEDENT
PERSONAL
DATA
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3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Clarence</u> B. (MIDDLE) <u>Joseph</u> C. (LAST) <u>Paulson</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>Wa.</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>
6B. NAME OF SPOUSE <u>Lucille Paulson</u>		7. DATE OF BIRTH MONTH <u>Oct</u> DAY <u>10</u> YEAR <u>1911</u>	8. AGE (IN YEARS) LAST BIRTHDAY <u>46</u>	9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Shoe repair</u>	
9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Indiana</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATES OF SERVICE)	13. SOCIAL SECURITY NO. <u>512-12-7125</u>
14A. FATHER'S NAME <u>George Paulsen</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>?</u>	15A. MOTHER'S MAIDEN NAME <u>Alberta ?</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>?</u>
16. INFORMANT'S SIGNATURE <u>Lucille Paulson</u>			ADDRESS <u>Payson, Arizona</u>		17. DATE OF DEATH (MONTH) <u>January</u> (DAY) <u>4</u> (YEAR) <u>1958</u>

976 X
CAUSE
OF
DEATH
ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). IF THIS DOES NOT BEAR THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT BEARS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Gunshot wound, head, suicide</u>		MEDICAL CERTIFICATION <u>Life situation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
II. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					

OPERATIONS,
AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 1957 TO Jan 1958. THAT I LAST SAW THE DECEASED ALIVE ON Dec 30 1957 AND THAT DEATH OCCURRED AT 12:40 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

DEATH
DUE TO
EXTERNAL
VIOLENCE

22A. SIGNATURE <u>Dr. B. H. Hetherington M.D.</u>	22B. ADDRESS <u>Payson, Arizona</u>	22C. DATE SIGNED <u>1-4-58</u>
23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE <u>Suicide</u>	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Home</u>	23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Payson, Gila, Ariz</u>
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>Jan. 4 58 12:40</u>	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR? <u>Suicidal gunshot wound, head.</u>

DRONER'S
CERTIFICATION

24A. CORONER'S SIGNATURE <u>William M. Meier</u>	24B. ADDRESS <u>Payson</u>	24C. DATE SIGNED <u>1-4-58</u>
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MUNERAL
DIRECTOR
AND
GISTRAR

25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> DREMOVAL <input type="checkbox"/>	25B. DATE <u>1/4/58</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Payson</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Payson, Ariz.</u>
26A. DATE REC. BY LOCAL REG. <u>1-4-58</u>	26B. REGISTRAR'S SIGNATURE <u>Em Hethaway</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hetherington</u>	27B. ADDRESS <u>Payson, Ariz.</u>

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