ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4944

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 42

1. PLACE OF DEATH
A. COUNTY: GREENLEE
B. LENGTH OF STAY: IN THIS TOWN 19R; IN ARIZONA 59YR
C. CITY OR TOWN: FRANKLIN — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): HOME South part of town

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: GREENLEE
C. CITY OR TOWN: FRANKLIN — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): South part of town
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) GUSSIE B. (MIDDLE) OLIVER C. (LAST) BURTCHER
4. SEX: MALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: Nellie Delia Burtcher
7. DATE OF BIRTH: MONTH 6 DAY 26 YEAR 1891
8. AGE (IN YEARS LAST BIRTHDAY): 67
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): RANCHER
9B. KIND OF BUSINESS OR INDUSTRY: CATTLE
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Mexico
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.: 525-09-5307
14A. FATHER'S NAME: Virgil Eugene Burtcher
14B. BIRTHPLACE (STATE OR COUNTRY): TEXAS
15A. MOTHER'S MAIDEN NAME: Louisa Cochran
15B. BIRTHPLACE (STATE OR COUNTRY): ARKANSAS
16. INFORMANT'S SIGNATURE: Nellie Delia Burtcher — ADDRESS: Franklin Ariz.
17. DATE OF DEATH (MONTH) 7 (DAY) 29 (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (A) Head wounds — INTERVAL BETWEEN ONSET AND DEATH: 15-20 min.

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

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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/4, 1958 TO 7/29, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 7/29, 1958, AND THAT DEATH OCCURRED AT 10:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Joseph J. Smith (DEGREE OR TITLE) D.O.
22B. ADDRESS: Duncan Ariz
22C. DATE SIGNED: 7/29/58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ] NATURAL CAUSE (SPECIFY): Suicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Back yard of home
23C. (CITY OR TOWN) (COUNTY) (STATE): Franklin Greenlee Ariz
23D. TIME OF INJURY (MONTH) 7 (DAY) 29 (YEAR) 58 (HOUR) 10 AM
23E. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
23F. HOW DID INJURY OCCUR? Gun shot wound thru head —

24A. CORONER'S SIGNATURE: O.B. Wright
24B. ADDRESS: Duncan Arizona
24C. DATE SIGNED: 7/29/58

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: Aug 1, 1958
25C. NAME OF CEMETERY OR CREMATORY: Duncan Cemetery
25D. LOCATION (CITY, TOWN OR COUNTY) (STATE): Duncan, Ariz.
26A. DATE REC. BY LOCAL REG.: 8-1-58
26B. REGISTRAR'S SIGNATURE: Mrs Osborne N. Smith Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Philip C. Allen
27B. ADDRESS: Safford, Ariz
28A. EMBALMER'S SIGNATURE: Philip C. Allen
28B. EMBALMER'S CERT. NO.: 312

FORM VS-3 REV. 3-15-55