ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5079

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2160

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN: Life; IN ARIZONA: life
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 2043 W. Colter St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) PAULINE B. (MIDDLE) A. C. (LAST) PHILIPP

4. SEX: F
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Walter U. Philipp
7. DATE OF BIRTH: MONTH May DAY 13 YEAR 1923
8. AGE (IN YEARS LAST BIRTHDAY): 35 — 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): House wife
9B. KIND OF BUSINESS OR INDUSTRY: At home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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)
13. SOCIAL SECURITY NO.: Unk.
14A. FATHER'S NAME: Forest Johnson
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Mabel Johnson
15B. BIRTHPLACE (STATE OR COUNTRY): Illinois
16. INFORMANT'S SIGNATURE: Mr. Walter U. Philipp, (husb) ADDRESS: Same
17. DATE OF DEATH: (MONTH) JULY (DAY) 28th, (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) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
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 ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3-16, 1945 TO 7-29, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 7-29, 1958, AND THAT DEATH OCCURRED AT 9:43 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): J. McCumber, MD
22B. ADDRESS: 926 E. McDowell Rd. Phx. Ari.
22C. DATE SIGNED: July 31, 1958

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: July 31, 1958
25C. NAME OF CEMETERY OR CREMATORY: Glendale Resthaven Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Arizona
26A. DATE REC. BY LOCAL REG.: 8/1/58
26B. REGISTRAR'S SIGNATURE: [illegible]
26C. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Moore
27B. ADDRESS: 335 W. Adams St.
28A. EMBALMER'S SIGNATURE: Tyler Hays
28B. EMBALMER'S CERT. NO.: 269A

FORM VS-2 REV. 2-15-55

DECEDENT PERSONAL DATA

CAUSE OF DEATH (ITEM 18)

OPERATIONS, AUTOPSY

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR