ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 10

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Apache
B. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Springerville
C. LENGTH OF STAY IN THIS PLACE: 1½ Yrs; IN ARIZONA: 27 Yrs.
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): West Main St. No number

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Apache
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Springerville
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): West Main St. No number

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Shirley B. (MIDDLE) Lamar C. (LAST) Pulsipher
4. SEX: Male
5. COLOR OR RACE: White
6. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 7 DAY 25 YEAR 22
8. AGE: YEARS 30 MONTHS 5 DAYS 7
IF UNDER 24 HOURS: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Mechanic
9B. KIND OF BUSINESS OR INDUSTRY: Airplane
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): yes (IF YES, WAR OR DATES OF SERVICE): World War 11
13. SOCIAL SECURITY NO.: 527-20-0963
14A. FATHER'S NAME: Daniel Pulsipher
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Elva Heap
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Eldon Pulsipher
ADDRESS: St. Johns, Arizona
17. DATE OF DEATH (MONTH) January (DAY) 2 (YEAR) 1953

CAUSE OF DEATH (ITEM 18)

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 CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: None

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) Bullet wound
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
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 ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐ (SPECIFY): Suicide
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Home - in lavatory
21C. (CITY OR TOWN) (COUNTY) (STATE): Springerville Apache Ariz.
21D. TIME OF INJURY (MONTH) Jan (DAY) 2 (YEAR) 1953 (HOUR) 12:40 A.M.
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21F. HOW DID INJURY OCCUR? Self inflicted bullet wound

MEDICAL CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3-21, 19 49 TO 12-30-, 19 53 THAT I LAST SAW THE DECEASED ALIVE ON 12-30-, 19 53, AND THAT DEATH OCCURRED AT 12:40 A. M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Ellis V. Browning (DEGREE OR TITLE) M.D.
23B. ADDRESS: Springerville
23C. DATE SIGNED: 1-3-53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
24B. DATE: Jan. 4, 1953
24C. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): St. Johns, Arizona
25A. DATE REC'D BY LOCAL REG.: January 6 1953
25B. REGISTRAR'S SIGNATURE: Mrs. Marjorie L. Hearne
26. FUNERAL DIRECTOR'S SIGNATURE: Dan B. Hetz ADDRESS: Springerville, Ariz.
27. EMBALMER'S SIGNATURE: Dan B. Hetz CERT. NO. 266 A.

FORM VS 2 REV. 8-50 20M