

CERTIFICATE OF DEATH

REGISTRAR'S NO. 100

7 CE OF DEATH AND 38 AL RESIDENCE 0315	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 5 day 5 day		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa						
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Stee Johns Ariz.		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS				
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) St. Joseph Hospital					D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Gen. Delivery						
1 2 DECEASED PERSONAL DATA 106 0 154	3. NAME OF DECEASED (TYPE OR PRINT) Donna Jean Pulsipher			4. SEX F	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Single					
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH DAY YEAR Sep 3 1947	8. AGE (IN YEARS LAST BIRTHDAY) 6	IF UNDER 1 YEAR MONTHS DAYS 4 9	IF UNDER 24 HRS. HOURS MIN. -	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Child				
9B. KIND OF BUSINESS OR INDUSTRY ----		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) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. None				
14A. FATHER'S NAME Walter Pulsipher			14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Lillian Waite		15B. BIRTHPLACE (COUNTRY) N. Mexico				
16. INFORMANT'S SIGNATURE Walter Pulsipher				ADDRESS St. John		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Jan. 12 1954					
CAUSE OF DEATH ITEM 18	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FORM (C). 4213 THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Acute Rheumatic Myocarditis and myocarditis with cardiac failure DUE TO (B) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH approximately 2 months				
	PLACE DISEASE CONTRACTED.		19A. DATE OF OPERATION						19B. MAJOR FINDINGS OF OPERATION		
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 8, 1954 TO Jan 12, 1954 THAT I LAST SAW THE DECEASED ALIVE ON Jan 11, 1954, AND THAT DEATH OCCURRED AT 5:42 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
	22A. SIGNATURE M. J. Schuffman M.D.				22B. ADDRESS 316 N. McDonald, Phoenix, Ariz		22C. DATE SIGNED 1/12/54				
DEATH DUE TO EXTERNAL VIOLENCE	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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?						
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED				
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE 1-13-54		25C. NAME OF CEMETERY OR CREMATORY Removal			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) St. Johns, Arizona			
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 1/12/54		26B. REGISTRAR'S SIGNATURE Bulah Johnston			27A. FUNERAL DIRECTOR'S SIGNATURE Charles E. Truor		27B. ADDRESS Phoenix, Arizona			