72919

STATE OF ARIZONA
DEPARTMENT OF HEALTH—DIVISION OF HEALTH RECORDS AND STATISTICS

CERTIFICATE OF DEATH

DEATH NO. Vol. 73 Page 1198

NAME OF DECEASED (A. FIRST / B. MIDDLE / C. LAST)	SEX	RACE OR COLOR	DATE OF DEATH (MONTH DAY YEAR)
1. RUBY DELL STEPHENS	2. Female	3. White	4. November 27, 1971
PLACE OF DEATH: A. COUNTY	B. TOWN OR CITY	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS)	D. IN CITY LIMITS?
5. Apache	Eagar	East Butler St. no number	X YES ☐ NO
DATE OF BIRTH (MONTH DAY YEAR)	AGE (YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR: MOS. DAYS	IF UNDER 1 DAY: HRS., MIN.
6. Sept. 27, 1918	7A. 53	B.	C.
MARITAL STATUS	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. X MARRIED ☐ WIDOWED ☐ NEVER MAR. ☐ DIVORCED	9. Clint Stephens		
PLACE OF BIRTH (STATE OR COUNTRY)	CITIZEN OF WHAT COUNTRY?	SOCIAL SECURITY NO.	USUAL OCCUPATION
10. Arkansas	11. U.S.A.	12. 526-96-1758	13A. Housewife
WAS DECEASED A VETERAN? YES OR NO	GIVE SERVICE DATES		
13B. no	13C.		
USUAL RESIDENCE: A. STATE	B. COUNTY	C. TOWN OR CITY	D. ZIP CODE
14. Arizona	Apache	Eagar	85925
STREET ADDRESS OR R.F.D.	IN CITY LIMITS?	HOW LONG LIVED IN ARIZONA? AT PRESENT ADDRESS	IN STATE	PREVIOUS STATE OF RESIDENCE
14A. East Butler St. no number	14B. X YES ☐ NO	15A. 4 yrs.	15B. 4 yrs.	16. New Mexico
FATHER'S NAME: A. FIRST / B. MIDDLE / C. LAST	MOTHER'S MAIDEN NAME: A. FIRST / B. MIDDLE / C. LAST		
17. John, L. Waltors	18. Iula mmi Humphreys		
INFORMANT'S SIGNATURE	RELATIONSHIP TO DECEASED	ADDRESS: STREET NO. CITY AND STATE	ZIP CODE
19A. Clint Stephens	19B. husband	19C. P.O. Box 48 Springerville Ariz.	85938

20. MEDICAL STATEMENT OF CAUSE OF DEATH — FILL OUT CAREFULLY

ENTER IMMEDIATE CAUSE ON LINE A. OTHER PRECIPITATING CAUSES SHOULD BE GIVEN ON LINES B AND C RESPECTIVELY. LIST UNDERLYING CAUSE LAST.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE ON EACH LINE)

A. IMMEDIATE CAUSE: Self Inflicted Gun Shot Wound

DUE TO OR AS A

B. CONSEQUENCE OF:

DUE TO OR AS A

C. CONSEQUENCE OF:

ESTIMATED TIME BETWEEN ONSET AND DEATH

IF DECEASED WAS ADULT FEMALE, WAS SHE PREGNANT AT DEATH OR WITHIN 1 YEAR PRIOR TIME IN PAST YEAR? YES, NO, UNKNOWN. 21. SPECIFY: No

OTHER CONDITIONS OF SIGNIFICANT MEDICAL IMPORTANCE CONTRIBUTING TO DEATH BUT NOT DIRECTLY RELATED TO IMMEDIATE CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS

AUTOPSY? ☐ YES 22A. X NO

IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES OR NO 22B. SPECIFY:

MANNER OF DEATH: ☐ ACCIDENT ☐ NATURAL CAUSES ☒ SUICIDE ☐ UNDETERMINED ☐ HOMICIDE 23.

DATE OF INJURY: 24A. MO. DAY YR. 24B. HOUR M.

PLACE OF INJURY (HOME, STORE, FACTORY, STREET, ETC.) 27. SPECIFY:

AT WORK WHEN INJURED? YES, NO, UNK. 25. No

HOW DID INJURY OCCUR? 26. (CIRCUMSTANCES ONLY—NOT CAUSE)

WHERE LOCATED? STREET ADDRESS CITY AND STATE 28.

PHYSICIAN OR MEDICAL EXAMINER

I (ATTENDED) (EXAMINED) THE DECEASED (FROM) (ON): 29A. MO. DAY YEAR TO MO. DAY YEAR

AND (~~SAW~~) (DID NOT SEE) WHEN ALIVE LAST TIME ON: 29B. 11-1-71 12 M.

I (DID) (~~DID NOT~~) VIEW BODY AFTER DEATH.

DEATH OCCURRED AT: Apache

ON THE DATE AND AT THE PLACE LISTED ABOVE AND TO THE BEST OF MY KNOWLEDGE AND PROFESSIONAL JUDGMENT DUE TO THE CAUSES STATED.

TITLE

SIGNATURE ▶ 29C. (TYPE NAME HERE) Herbert G. Erhart, M.D.

MAIL ADDRESS 30. Box 71-Springerville.Ariz.85938

DATE SIGNED 31. 11-1-71

CORONER

FROM EXAMINATION OF THE BODY AND/OR MY INVESTIGATION, IN MY OPINION DEATH OCCURRED IN THE MANNER AND UNDER THE CIRCUMSTANCES STATED.

DECEASED WAS PRONOUNCED DEAD ON: 32A. MO. Nov. DAY 27 YEAR 1971 HOUR 12:20 P.M.

I (DID) (~~DID NOT~~) VIEW BODY AFTER DEATH.

SIGNATURE ▶ 32B. (TYPE NAME HERE) Leo M. Gibbons

PRECINCT OR DISTRICT 33. Round Valley

MAIL ADDRESS 34. P.O. Box 1 Springerville, Arizona 85938

DATE SIGNED 35. Nov. 29, '71

36. SUPPLEMENTARY ENTRIES

DISP. OF BODY—BURIAL, CREMATION, REMOVAL: 37A. Burial

DATE OF DISPOSITION: 37B. Nov. 29, 1971

CEMETERY OR CREMATORY: 37C. Eagar Cemetery

EMBALMER'S SIGNATURE: 38A. Earl J. Owens

LICENSE NO. 38B. 8574

FUNERAL HOME NAME / STREET ADDRESS / CITY AND STATE: 40. Nettz Mortuary E. Paine & Hopi Springerville, Arizona

FUNERAL DIRECTOR'S SIGNATURE: 41. Vera M. Nettz

CERT. NO. 42. 327A

DATE REGISTERED: 43. 11-30-71

REG. FILE NO. 44. 41

REGISTRAR'S SIGNATURE: 45. Mrs. Maxine Hess

REGISTRAR DISTRICT: 46. 0121

FILED IN STATE OFFICE: 47. DEC 1 1971

VS-2 REV. 12-68

CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA)
ss
COUNTY OF MARICOPA)

Date Issued: DEC 1 1971

This copy is a true and exact reproduction of the document officially registered and placed on file in the DIVISION OF VITAL RECORDS, ARIZONA STATE DEPARTMENT OF HEALTH, PHOENIX, ARIZONA.

Issued under the authority of ARS 36-341 and by direction of:

LOUIS C. KOSSUTH, M.D.
Commissioner of Health

Fred T. Salem
FRED T. SALEM
Deputy State Registrar

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THIS COPY NOT VALID UNLESS PREPARED ON SAFETY PAPER DISPLAYING STATE SEAL IN COLOR AND IMPRESSED WITH RAISED SEAL OF ISSUING AGENCY

FEB 1 4 37 PM 1973

STATE OF ARIZONA, County of Apache: ss. FEE NO. 66514

I certify that the within instrument was recorded February 24, 1972, at 4:00 P.M. in Docket No. 151 Page 125 at the request of Clint Stephens

VIRGIE HEAP, Recorder By Mary Chavez Deputy

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of Ruby Clemens

this 1st day of Feb. A. D., 19 73 at 4:37 o'clock P M., and duly recorded in Vol. M73, of Deeds on Page ~~11~~ 1198

WM. D. MILNE, County Clerk

Return to: Ruby Clemens
General Delivery
Midland, Or 97634

Fee $3.00

By Cynthia Bradley