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Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 70606

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 1 month; IN ARIZONA: 3 yrs.
C. CITY OR TOWN: Litchfield Park — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 107 Palm Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Litchfield Park — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 107 Palm Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Gary
B. (MIDDLE): Donald
C. (LAST): Ault

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never Married
6B. NAME OF SPOUSE: ----------
7. DATE OF BIRTH — MONTH: 5 DAY: 2 YEAR: 1938
8. AGE (IN YEARS LAST BIRTHDAY): 21 — 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): Busboy
9B. KIND OF BUSINESS OR INDUSTRY: Hotel Rest.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
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.: 541-38-1312
14A. FATHER'S NAME: Donald W. Ault
14B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania
15A. MOTHER'S MAIDEN NAME: Beatrice Capen
15B. BIRTHPLACE (STATE OR COUNTRY): Mini.
16. INFORMANT'S SIGNATURE: Donald W. Ault — ADDRESS: PO Box 804 Glendale, Ariz.
17. DATE OF DEATH — (MONTH): January (DAY): 2 (YEAR): 1960

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) Asphyxia due to aspiration of mucus
DUE TO (B)
DUE TO (C)

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Epilepsy

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/2 1960 THAT I LAST SAW THE DECEASED ALIVE ON ____ 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED. (DEC. 1959) MARICOPA COUNTY MEDICAL EXAMINER
22A. SIGNATURE: Thomas B. Jarvis MD
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 1/2/60

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural Cause
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Home
23C. (CITY OR TOWN) (COUNTY) (STATE): Litchfield Park, Arizona
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: [illegible] J.P.
24B. ADDRESS: Tolleson, Arizona
24C. DATE SIGNED: 1/4/60

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 1/5/60
25C. NAME OF CEMETERY OR CREMATORY: Resthaven Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Arizona

26A. DATE REC. BY LOCAL REG.: 1-5-60
26B. REGISTRAR'S SIGNATURE: Etta Butler Deputy
26C. FUNERAL DIRECTOR'S SIGNATURE: Charles R. Whitney
26D. EMBALMER'S SIGNATURE: Charles R. Whitney
27B. ADDRESS: Glendale, Arizona
28B. EMBALMER'S CERT. NO.: 309

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