ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7599

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1493

**1. PLACE OF DEATH**
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 14 yrs; IN ARIZONA: 14 yrs
C. CITY OR TOWN: Tucson — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Tucson General Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt #6 Box 368
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

**3. NAME OF DECEASED** (TYPE OR PRINT)
A. (FIRST): MERREL
B. (MIDDLE): L.
C. (LAST): AULT

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Julia M. Ault
7. DATE OF BIRTH — MONTH: 5; DAY: 20; YEAR: 1900
8. AGE (IN YEARS LAST BIRTHDAY): 60 yrs.
IF UNDER 1 YEAR — MONTHS: x; DAYS: x
IF UNDER 24 HRS. — HOURS: x; MIN.: x
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Inspector
9B. KIND OF BUSINESS OR INDUSTRY: AirCraft
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ohio
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): x x x
13. SOCIAL SECURITY NO.: 296-12-3878
14A. FATHER'S NAME: Henry Ault
14B. BIRTHPLACE (STATE OR COUNTRY): Ohio
15A. MOTHER'S MAIDEN NAME: Miller
15B. BIRTHPLACE (STATE OR COUNTRY): Ohio
16. INFORMANT'S SIGNATURE: Julia M. Ault — ADDRESS: Rt 6 Box 368
17. DATE OF DEATH — MONTH: September; DAY: 15; 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) Acute Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 30 min
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Acute Alcohol Intoxication — 3-4 hours
DUE TO (C) Overwhelming Stress — 36 hours
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 9/16/60
19B. MAJOR FINDINGS OF OPERATION: Nephrosclerosis
20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1948 TO Sept 1960 THAT I LAST SAW THE DECEASED ALIVE ON Sept 15 1960 AND THAT DEATH OCCURRED AT 11:10 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Roy L Purcell (DEGREE OR TITLE) DO
22B. ADDRESS: 3219 No First Ave Tucson
22C. DATE SIGNED: 9/16/60

**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 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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 9-19-60
25C. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 9-19-60
26B. REGISTRAR'S SIGNATURE: Teresa H. Baker, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
27B. ADDRESS: Bring's Funeral Home, Tucson, Arizona
28A. EMBALMER'S SIGNATURE: Howard A. Bring
28B. EMBALMER'S CERT. NO.: 222

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