PUNCHED VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0114

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 532

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 70 yrs; IN ARIZONA: 70 yrs
C. CITY OR TOWN: Phoenix ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5341 E. Harbiner

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2801 E McDowell
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

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

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 3 DAY: 17 YEAR: 1924
8. AGE (IN YEARS LAST BIRTHDAY): 37 — IF UNDER 1 YEAR: MONTHS: 10 DAYS: 11 — IF UNDER 24 HRS.: HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Gen Clerk
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
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.: 700-44-3737
14A. FATHER'S NAME: Roney Ault
14B. BIRTHPLACE (STATE OR COUNTRY): unk
15A. MOTHER'S MAIDEN NAME: Gertrude Hall
15B. BIRTHPLACE (STATE OR COUNTRY): unk
16. INFORMANT'S SIGNATURE: Florence F. Ault — ADDRESS:
17. DATE OF DEATH — (MONTH): 1 (DAY): 31 (YEAR): 62

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) Gunshot wounds, head — INTERVAL BETWEEN ONSET AND DEATH:

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

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT 8:35 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED ON 2/1, 1962 THAT I LAST SAW THE DECEASED

22A. SIGNATURE: John F. Lowenstein, Jr. — DEGREE: MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 2/1/62

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Homicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): 534 E. Van Buren
23C. (CITY OR TOWN) (COUNTY) (STATE): Phoenix Maricopa Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 1-31-1962 8:35 P.M.
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Shot by Forest J. French

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: Edna Anne Westfall M.D.
24B. ADDRESS: 15 No. 2nd Ave.
24C. DATE SIGNED: 2-5-1962

GENERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 2/6/62
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix Ariz
26A. DATE REC. BY LOCAL REG.: 2/5/62
26B. REGISTRAR'S SIGNATURE: Bernice Johnson
27A. FUNERAL DIRECTOR'S SIGNATURE: Dal Clonts
27B. ADDRESS: Phx
28A. EMBALMER'S SIGNATURE: Dal Clonts
28B. EMBALMER'S CERT. NO.: 314

FORM VS-7 REV. 5-0-60 - 30M

CONSULAR FUNERAL HOME (over)