PUNCHED VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 6433

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1360

**PLACE OF DEATH AND USUAL RESIDENCE**

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 10 yrs; IN ARIZONA 10 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): 1209 N. 1st Ave.

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): 1209 N. 1st Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO X

**DECEDENT PERSONAL DATA**

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MARY B. (MIDDLE) JANE C. (LAST) AULT
4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Fred W. Ault
7. DATE OF BIRTH: MONTH 4 DAY 22 YEAR 82
8. AGE (IN YEARS LAST BIRTHDAY): 80 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ohio
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.: 276 10 2979
14A. FATHER'S NAME: Thomas Sylvester Wendell
14B. BIRTHPLACE (STATE OR COUNTRY): Ohio
15A. MOTHER'S MAIDEN NAME: Clara Margaret Carpintor
15B. BIRTHPLACE (STATE OR COUNTRY): Ohio
16. INFORMANT'S SIGNATURE: Fred W. Ault — ADDRESS: 1209 N. 1st Ave.
17. DATE OF DEATH: (MONTH) July (DAY) 19 (YEAR) 1962

**CAUSE OF DEATH (ITEM 18)** 4271 0

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) Generalized Arterio-Sclerotic Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: ? years

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. Gen. Senility — ? years

**OPERATIONS, AUTOPSY**

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

**MEDICAL CERTIFICATION** 75 36

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-23, 1956 TO 7-19, 1962 THAT I LAST SAW THE DECEASED ALIVE ON 7-19, 1962 AND THAT DEATH OCCURRED AT 12:32 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Walter G. Lockard (DEGREE OR TITLE) M.D.
22B. ADDRESS: 123 S. Stone, Tucson, Ariz.
22C. DATE SIGNED: 7-20-62

**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?

**CORONER'S CERTIFICATION**

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

**FUNERAL DIRECTOR AND REGISTRAR**

25A. BURIAL X CREMATION ☐ REMOVAL ☐
25B. DATE: 7-23-62
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 7-23-62
26B. REGISTRAR'S SIGNATURE: Thomas H. Baker
27A. FUNERAL DIRECTOR'S SIGNATURE: Howard A. Bring
27B. ADDRESS: Bring's Funeral Home, Tucson, Arizona
28A. EMBALMER'S SIGNATURE: Hugh C. Bell
28B. EMBALMER'S CERT. NO.: 411 A

FORM VS-2 REV. 8-9-60 · 25M