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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. **11455**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **595**

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN <input type="checkbox"/> IN ARIZONA <input checked="" type="checkbox"/> 1 Yr.		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. 595 (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY Yavapai	
	C. CITY OR TOWN Wickenburg		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Congress		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION DOA At Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS Gen. Del.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Walter B. (MIDDLE) McCormick C. (LAST) Ault			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Marvel Ault		7. DATE OF BIRTH MONTH July DAY 18 YEAR 1906		8. AGE (IN YEARS LAST BIRTHDAY) 56	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Mail Carrier		
	9B. KIND OF BUSINESS OR INDUSTRY Mail	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) (IF YES, WAR OR DATES OF SERVICE) Yes WW # 2		13. SOCIAL SECURITY NO. 536-36-5411		
	14A. FATHER'S NAME John R. Ault		14B. BIRTHPLACE (STATE OR COUNTRY) Ohio	15A. MOTHER'S MAIDEN NAME Kathryn McCormick		15B. BIRTHPLACE (STATE OR COUNTRY) Ohio		
16. INFORMANT'S SIGNATURE Bruce N. Ault ADDRESS 20902 1st. Ave. S.E. Seattle Wash.				17. DATE OF DEATH (MONTH) Dec. (DAY) 24 (YEAR) 1962				
CAUSE OF DEATH (TEMP 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <i>(THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.)</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Atherosclerosis DUE TO (C) massive right left ventricular hypertrophy lung stranding				INTERVAL BETWEEN ONSET AND DEATH long standing	
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7:00 TO 7:00 THAT I LAST SAW THE DECEASED ALIVE ON 12-26-62 AND THAT DEATH OCCURRED AT 1:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE [Signature] (DEGREE OR TITLE) M.D.				22B. ADDRESS Wickenburg Arizona		22C. DATE SIGNED 12-26-62	
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 (MONTH) (DAY) (YEAR) (HOUR) (MINUTE)		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE P. L. Westall, coroner			24B. ADDRESS 147 Wickenburg ariz		24C. DATE SIGNED 12-26-62		
	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 1-25-63		25C. NAME OF CEMETERY OR CREMATORY Greenwood		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 1-25-63		26B. REGISTRAR'S SIGNATURE Mrs. J. H. Wacker		27A. GENERAL DIRECTOR'S SIGNATURE H. L. Coffinger		27B. ADDRESS Wickenburg Arizona	
			28A. EMBALMER'S SIGNATURE H. S. Coffinger		28B. EMBALMER'S CERT. NO. 188-A			