

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1282

BIRTH NO.

PLACE OF DEATH REFERENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 1 day IN ARIZONA 8 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa						
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Glendale <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS						
	D. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 6231 N. 59th Ave. E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
IDENTIFICATION	3. NAME OF DECEASED (TYPE OR PRINT) DONALD WILLIAM AULT			A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Beatrice		7. DATE OF BIRTH MONTH 8 DAY 6 YEAR 92		8. AGE (IN YEARS LAST BIRTHDAY) 72		IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS	IF UNDER 1 YEAR DAYS	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Real Estate Salesman	
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pa.		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 I and II		13. SOCIAL SECURITY NO. 542 14 3296		
	14A. FATHER'S NAME William Ault			14B. BIRTHPLACE (STATE OR COUNTRY) Unknown			15A. MOTHER'S MAIDEN NAME Erma Lowden			15B. BIRTHPLACE (STATE OR COUNTRY) Unknown	
	16. INFORMANT'S SIGNATURE C. Hasper VA Hospital Records, Phoenix, Arizona					17. DATE OF DEATH (MONTH) (DAY) (YEAR) MARCH 19, 1965					
CAUSE OF DEATH	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						INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Acute myocardial insufficiency		DUE TO (B) Coronary thrombosis						Terminal		
	DUE TO (C) Coronary arteriosclerosis		DUE TO (C) Coronary arteriosclerosis						Years		
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"/>			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12:25 PM 3-19-65 TO 3-19-65 AND THAT DEATH OCCURRED AT 12:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.											
22A. SIGNATURE R. M. MAYNARD, M. D. (DEGREE OR TITLE) Pathologist					22B. ADDRESS VA Hospital, Phoenix, Ariz.			22C. DATE SIGNED 3-19-65			
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) OF INJURY M			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?						
24A. CORONER'S SIGNATURE					24B. ADDRESS			24C. DATE SIGNED			
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 3-25-65		25C. NAME OF CEMETERY OR CREMATORY Resthaven Park			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Glendale, Arizona				
26A. DATE REC. BY LOCAL REG. 3/24/65		26B. REGISTRAR'S SIGNATURE Paula Johnston			27A. FUNERAL DIRECTOR'S SIGNATURE Frank M. ...		27B. ADDRESS Glendale, Ariz				
28A. EMBALMER'S SIGNATURE Dr. Collins					28B. EMBALMER'S CERT. NO. 384A						