

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2310

BIRTH NO.

PLACE OF DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 7 yrs		IN ARIZONA 7 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 Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS									
	D. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital						D. STREET (IF RURAL, GIVE LOCATION) 3237 N. 36th Street		E. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) Ethel Mae Ault			A. (FIRST)		B. (MIDDLE)		C. (LAST)		4. SEX Fe		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		
	6B. NAME OF SPOUSE -----			7. DATE OF BIRTH MONTH DAY YEAR Oct 22 1896		8. AGE (IN YEARS) LAST BIRTHDAY 68		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRB. HOURS MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife				
	9B. KIND OF BUSINESS OR INDUSTRY -----		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) No		13. SOCIAL SECURITY NO. 290-03-6298							
	14A. FATHER'S NAME James Young				14B. BIRTHPLACE (STATE OR COUNTRY) Ohio		15A. MOTHER'S MAIDEN NAME Laura Talmadge				15B. BIRTHPLACE (STATE OR COUNTRY) Ohio					
16. INFORMANT'S SIGNATURE <i>R. C. Maurer per family</i>						ADDRESS						17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 2 1965				
CAUSE OF DEATH (ITEM 18)	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.		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH			
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST.		(A) <i>Inter-coronary heart disease</i> DUE TO (B) <i>to failure + ? coronary occlusion</i> DUE TO (C)										24 hrs			
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.															
OPERATIONS, AUTOPSY	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 <i>6/1</i> 1965 TO <i>6/2</i> 1965, THAT I LAST SAW THE DECEASED ALIVE ON <i>6/1/65</i> AND THAT DEATH OCCURRED AT <i>6:40 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.															
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <i>R. C. Maurer</i>			(DEGREE OR TITLE) <i>MD</i>			22B. ADDRESS 550 W. Thomas Rd., Phoenix			22C. DATE SIGNED 6/3/65						
	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			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						24B. ADDRESS						24C. DATE SIGNED			
	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE June 4, 1965		25C. NAME OF CEMETERY OR CREMATORY Removal		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Columbus, Ohio									
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 6/3/65		26B. REGISTRAR'S SIGNATURE <i>Richard Johnston</i>			27A. FUNERAL DIRECTOR'S SIGNATURE <i>Richard C. Maurer</i>			27B. ADDRESS Phoenix, Arizona							
	28A. EMBALMER'S SIGNATURE <i>Richard C. Maurer</i>						28B. EMBALMER'S CERT. NO. 382A									