ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7427

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 82

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH — A. COUNTY: MARICOPA
B. LENGTH OF STAY — IN THIS TOWN: 1 YR — IN ARIZONA: 9 YR
C. CITY OR TOWN: TEMPE — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 1890 E. APACHE BLVD.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) — A. STATE: ARIZONA — B. COUNTY: MARICOPA
C. CITY OR TOWN: TEMPE — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1890 E. APACHE BLVD.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) — A. (FIRST) THELMA — B. (MIDDLE) VIOLA — C. (LAST) AULTON
4. SEX: FEMALE
5. COLOR OR RACE: CAUC
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: PHILLIP R. AULTON
7. DATE OF BIRTH — MONTH: 3 — DAY: 10 — YEAR: 1913
8. AGE (IN YEARS LAST BIRTHDAY): 52 — 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): OREGON
11. CITIZEN OF WHAT COUNTRY? US
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.: 541-22-4063
14A. FATHER'S NAME: JACOB OUTCELT
14B. BIRTHPLACE (STATE OR COUNTRY): INDIANA
15A. MOTHER'S MAIDEN NAME: NOT KNOWN
15B. BIRTHPLACE (STATE OR COUNTRY): Not Known
16. INFORMANT'S SIGNATURE: RECORDS CARR MORTUARY — ADDRESS: TEMPE, ARIZ.
17. DATE OF DEATH: (MONTH) AUGUST (DAY) 29, (YEAR) 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.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Bronchial Asthma
DUE TO (C)
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 ☐ NO ☒

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8/24/65, 19__, TO 8/29/, 19 65 THAT I LAST SAW THE DECEASED ALIVE ON 8/24/, 19 65 AND THAT DEATH OCCURRED AT 5:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: B. J. Abel (DEGREE OR TITLE) M.D.
22B. ADDRESS: TEMPE, ARIZ.
22C. DATE SIGNED: 8-30-65

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 ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 9-1-65
25C. NAME OF CEMETERY OR CREMATORY: GREEN ACRES
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): SCOTTSDALE, ARIZ.
26A. DATE REC. BY LOCAL REG.: 8-30-65
26B. REGISTRAR'S SIGNATURE: Ann Robertson Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: Tempe
28A. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO.

FORM VS-2 REV. 5-9-60 - 50M 18