ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4345

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 160

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 32 yrs IN ARIZONA: 35 yrs
C. CITY OR TOWN: Mesa ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 454 South Mesa Drive

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 206 LaBaron Street

DECEDENT'S PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Caleb B. (MIDDLE) C. (LAST) Ault
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Deceased
7. DATE OF BIRTH: MONTH Feb DAY 6 YEAR 1878
8. AGE (IN YEARS LAST BIRTHDAY): 75
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): Carpenter (Ret)
9B. KIND OF BUSINESS OR INDUSTRY: Home Const.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
11. CITIZEN OF WHAT COUNTRY? United States
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.: 526 09 1626
14A. FATHER'S NAME: John W. Ault
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
15A. MOTHER'S MAIDEN NAME: Judth Westbrooks
15B. BIRTHPLACE (STATE OR COUNTRY): Ark.
16. INFORMANT'S SIGNATURE ADDRESS: Calvin Ault (Son) Mesa, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): July 13, 1953

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Sclerosis
DUE TO (C)

11. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

OPERATIONS, AUTOPSY

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

DEATH DUE TO EXTERNAL VIOLENCE

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)
21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 6, 1949 TO July 14, 1953 THAT I LAST SAW THE DECEASED ALIVE ON July 13, 1953, AND THAT DEATH OCCURRED AT 12:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: Max H. Wall (DEGREE OR TITLE) M.D.
23B. ADDRESS: Mesa, Arizona
23C. DATE SIGNED: 7/14/53

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 7-17-53
24C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
25A. DATE REC'D BY LOCAL REG.: July 14, 53
25B. REGISTRAR'S SIGNATURE: Donald J. Meldrum, Dep.
26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Meldrum Mortuary Mesa, Arizona
27. EMBALMER'S SIGNATURE: R. N. Daybell CERT. NO. 228

FORM VS 2 REV. 1-1-53