ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2887

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 69

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 24 years; IN ARIZONA: same
C. CITY OR TOWN: Buckeye — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 5th and Centre Ave.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Buckeye — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 5th and Centre Ave.

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JOSEPH B. (MIDDLE) ARTHUR C. (LAST) DE VAULT
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH — MONTH: Dec. DAY: 19 YEAR: 1882
8. AGE (IN YEARS LAST BIRTHDAY): 71 — IF UNDER 1 YEAR: MONTHS: 4 DAYS: 22 — IF UNDER 24 HRS.: HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Bookkeeper
9B. KIND OF BUSINESS OR INDUSTRY: Mine
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ohio
11. CITIZEN OF WHAT COUNTRY?: U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No. (IF YES, WAR OR DATES OF SERVICE): No.
13. SOCIAL SECURITY NO.: 526-09-5038
14A. FATHER'S NAME: Unknown DeVault
14B. BIRTHPLACE (STATE OR COUNTRY): U. S. A.
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Mrs Kate Dale — ADDRESS: Box 1085, Buckeye
17. DATE OF DEATH — (MONTH): May (DAY): 11 (YEAR): 1954

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.

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.

MEDICAL CERTIFICATION
(A) Acute Cerculatory failure
Coronary Thrombosis
DUE TO (B) Acute Myocardial infarction
DUE TO (C) No evidence of foul play noted in Sheriff's Office or Coroners investigation.

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED at 1:55 pm, after death. 5/11/54 ~~THAT I LAST SAW THE DECEASED ALIVE ON ..... 19..., AND THAT DEATH OCCURRED AT~~ appx. 1:45 pm. ~~5/11/54~~ FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Benjamin B Cooper (DEGREE OR TITLE) D.O.
22B. ADDRESS: Buckeye Arizona
22C. DATE SIGNED: 5/14/54

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural Causes
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Home
23C. (CITY OR TOWN) (COUNTY) (STATE): Buckeye, Mari. Ariz.
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M: No injury
23E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?: Death while sitting in chair listening to radio.

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: Bill Meck — Bill Meck, Coroner
24B. ADDRESS: Buckeye, Ariz.
24C. DATE SIGNED: 5/12/54

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 5/14/54
25C. NAME OF CEMETERY OR CREMATORY: Louis B. Hazelton
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Buckeye, Ariz.
26A. DATE REC. BY LOCAL REG.: 5/14/54
26B. REGISTRAR'S SIGNATURE: Anna Bower
27A. FUNERAL DIRECTOR'S SIGNATURE: Neil M. Hartley
27B. ADDRESS: Buckeye Ariz

FORM VS-2 REV. 6-1-53 1 AMPCO 70385