

CERTIFICATE OF DEATH

REGISTRAR'S NO. 614

14
E OF DEATH
LAND 75
L RESIDENCE
0304
1
PRECEDENT
PERSONAL DATA
6
154
CAUSE OF DEATH
ITEM 18)
OPERATIONS
AUTOPSY
MEDICAL
CERTIFICATION
DEATH
DUE TO
EXTERNAL
VIOLENCE
CORONER'S
CERTIFICATION
FUNERAL
DIRECTOR
AND
REGISTRAR
11
2
106

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Yavapai		B. LENGTH OF STAY IN THIS TOWN 5 yrs IN ARIZONA 6 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Yavapai		
C. CITY OR TOWN Prescott		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Prescott		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OF LOCATION) Prescott Community Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Mountain Club				
3. NAME OF DECEASED (TYPE OR PRINT) Klein n.m.i. 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 Ada Ault		7. DATE OF BIRTH MONTH Feb. DAY 6 YEAR 1886	8. AGE (IN YEARS LAST BIRTHDAY) 68	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS	IF UNDER 24 HRS. MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Retired Merchant	
9B. KIND OF BUSINESS OR INDUSTRY own business	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no		13. SOCIAL SECURITY None			
14A. FATHER'S NAME James A Ault		14B. BIRTHPLACE (STATE OR COUNTRY) Illinois		15A. MOTHER'S MAIDEN NAME Augustina Klein		15B. BIRTHPLACE (STATE OR COUNTRY) Ireland		
16. INFORMANT'S SIGNATURE Mrs. Ada Ault			ADDRESS Prescott, Arizona			17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 18 1954		
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE PER LINE (A), (B), (C). 144 X ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, 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) Squamous cell carcinoma of the mouth with metastasis to the neck and lungs. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 3 years (about)		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 6, 1950 TO Dec. 18, 1954 , THAT I LAST SAW THE DECEASED ALIVE ON Dec. 18, 1954 AND THAT DEATH OCCURRED AT 6:20 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
22A. SIGNATURE (DEGREE OR TITLE) <i>James P. DePally</i>				22B. ADDRESS Prescott, Ariz.		22C. DATE SIGNED 12-20-54.		
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) NATURAL CAUSE		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 type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 12/21/54	25C. NAME OF CEMETERY OR CREMATORY Greenwood Crematory, Phoenix		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona			
26A. DATE REC. BY LOCAL REG. 12-23-54	26B. REGISTRAR'S SIGNATURE <i>Mary Lou Connor</i> Deputy		27A. FUNERAL DIRECTOR'S SIGNATURE <i>L. W. Ruffner</i>		27B. ADDRESS Prescott, Arizona			