

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE FILE NUMBER		CERTIFICATE OF DEATH				LOCAL REGISTRATION 7053		DISTRICT AND CERTIFICATE NUMBER 12989		
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH										
DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME			2a. DATE OF DEATH—MONTH, DAY, YEAR		2b. HOUR		
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH			7. AGE (LAST BIRTHDAY)		IF UNDER 1 YEAR	IF UNDER 24 HOURS
	8. NAME AND BIRTHPLACE OF FATHER		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER			10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER		
	12. LAST OCCUPATION		13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF EMPLOYED)		15. KIND OF INDUSTRY OR BUSINESS				
PLACE OF DEATH	16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE BRANCH OR DATES OF SERVICE				17. SPECIFY MARRIED (NEVER MARRIED, WIDOWED, DIVORCED)		18a. NAME OF PRESENT SPOUSE			18b. PRESENT OR LAST OCCUPATION OF SPOUSE
	19a. PLACE OF DEATH—NAME OF HOSPITAL				19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)			<input type="checkbox"/> INSIDE CITY CORPORATE LIMITS	<input type="checkbox"/> OUTSIDE CITY CORPORATE LIMITS	
	19c. CITY OR TOWN				19d. COUNTY		19e. LENGTH OF STAY IN COUNTY OF DEATH		19f. LENGTH OF STAY IN CALIFORNIA	
LAST USUAL RESIDENCE (WHERE DECEASED LIVED—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)	20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)			20b. IF INSIDE CITY CORPORATE LIMITS CHECK HERE <input checked="" type="checkbox"/> OR OUTSIDE CITY CORPORATE LIMITS CHECK HERE <input type="checkbox"/> OR AFABR <input type="checkbox"/> NOT ON AFABR <input type="checkbox"/>		21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)				
	20c. CITY OR TOWN		20d. COUNTY		20e. STATE		21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST KNOWN RESIDENCE OR BUSINESS)			
PHYSICIAN'S OR CORONER'S CERTIFICATION	22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE AND THAT I ATTENDED THE DECEASED ALIVE AND THAT I LAST SAW THE DECEASED ALIVE ON <u>July 6, 1958</u> AND THAT I LAST SAW THE DECEASED ALIVE ON <u>July 6, 1958</u>				22c. PHYSICIAN OR CORONER—SIGNATURE		22e. DATE SIGNED			
	23a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED ALIVE ON <u>July 6, 1958</u> AND THAT I LAST SAW THE DECEASED ALIVE ON <u>July 6, 1958</u>				23b. ADDRESS		23c. SIGNATURE			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION		24. DATE		25. NAME OF CEMETERY OR CREMATORY		26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER			
	27. NAME OF FUNERAL DIRECTOR (IF PERSON ACTING AS SUCH)		28. DATE ACCEPTED FOR REGISTRATION		29. LOCAL REGISTRAR—SIGNATURE		29. LOCAL REGISTRAR—SIGNATURE			
MEDICAL AND HEALTH DATA	30. CAUSE OF DEATH				31. OPERATION—CHECK ONE		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) <u>Generalized Carcinomatosis</u> (B) <u>Bitateral Carcinoma of Breast</u>				OPERATION PERFORMED— <input checked="" type="checkbox"/> NO OPERATION PERFORMED— <input type="checkbox"/>		DATE OF OPERATION		AUTOPSY PERFORMED— <input checked="" type="checkbox"/> NO AUTOPSY PERFORMED— <input type="checkbox"/>	
INJURY INFORMATION	34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE				34b. DESCRIBE HOW INJURY OCCURRED (GIVE NATURE OF INJURY WHICH RESULTED IN DEATH. NATURE OF INJURY SHOULD BE SET FORTH IN PART 7 OR PART 8 OF THIS FORM)					
	35a. TIME OF INJURY				35b. PLACE OF INJURY (GIVE NAME OF FACTORY, STREET, OFFICE, BUILDING)		35c. CITY, TOWN, OR LOCATION		35d. COUNTY STATE	
	35e. INJURY OCCURRED				35f. PLACE OF INJURY		35g. CITY, TOWN, OR LOCATION		35h. COUNTY STATE	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack
 CONNY B. McCORMACK
 Registrar-Recorder/County Clerk

JUN 01 2001
 19-455221

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE