

STATE		CERTIFICATE OF DEATH				LOCAL REGISTRATION	
FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				DISTRICT AND CERTIFICATE NUMBER	
						7053 6872	
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)	
	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 ANY)		15. KIND OF INDUSTRY OR BUSINESS		
	16. IF DECLARED THIS DECEASED IN U.S.A. ARMED FORCES SERVICE WAS MEMBER OF SERVICE	17. SPECIFY MARRIED (IF EVER MARRIED) (PROVIDE DATES)	18A. NAME OF PRESENT SPOUSE		18B. PRESENT OR LAST OCCUPATION OF SPOUSE		
PLACE OF DEATH	19A. PLACE OF DEATH—NAME OF HOSPITAL		19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBER)				
	19C. CITY OR TOWN		19D. COUNTY	19E. LENGTH OF STAY IN COUNTY OF DEATH		19F. LENGTH OF STAY IN CALIFORNIA	
	20A. LAST USUAL RESIDENCE—STREET ADDRESS (IF IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		20B. IF INSIDE CITY—CORPORATE LIMITS (CHECK ONE)	20C. COUNTY	20D. STATE	21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE)	
PHYSICIAN'S OR CORONER'S CERTIFICATION	22A. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT I ATTESTED THE DECEASED FROM March 1960 to March 27, 1960 AND THAT I LAST SAW THE DECEASED ALIVE ON March 27, 1960		22B. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT I HAVE HELD THIS ON THE PREMISES OF DECEASED AS REQUIRED BY LAW		22C. PHYSICIAN OR CORONER—SIGNATURE		
	23. SPOUSE, ENTIRETY OR IN COMMON		24. DATE	25. NAME OF CEMETERY OR CREMATORY		26. EMBALMER—SIGNATURE (IF NOT EMBALMED) LICENSE NUMBER	
	27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		28. DATE OF LOCAL REGISTRATION	29. LOCAL REGISTRAR—SIGNATURE		22E. ADDRESS	
MEDICAL AND HEALTH DATA	30. CAUSE OF DEATH—PART I. DEATH WAS CAUSED BY:		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A):				
	IMMEDIATE CAUSE (A)		ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)				
	CONDITIONS (IF ANY) WHICH GAVE RISE TO THE ABOVE CAUSE (AS EXISTING AT THE UNDERLYING CAUSE LIST)						
	DUE TO (B)						
OPERATION AND AUTOPSY	31. OPERATION—CHECK ONE:		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE:		
	34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34b. DESCRIBE HOW INJURY OCCURRED (GIVE NUMBER OF INJURY SOURCE INDICATED BY NUMBER. NUMBER OF INJURY SHOULD BE PRINTED ON PAGE 1 OR PAGE 2 OF THIS SET)				
INJURY INFORMATION	35A. TIME OF INJURY		35B. PLACE OF INJURY (I.E., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE, BUILDING)		35C. CITY, TOWN, OR LOCATION		
	35D. INJURY OCCURRED		35E. STATE				