76015

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A-32983

STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 7053 20363

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: Wilson	1b. MIDDLE NAME: Elroy	1c. LAST NAME: Webster	2a. DATE OF DEATH—MONTH, DAY, YEAR: October 21, 1962
2b. HOUR: 7:30A. M	3. SEX: Male	4. COLOR OR RACE: Cauc.	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
6. DATE OF BIRTH: November 26, 1904	7. AGE (LAST BIRTHDAY): 57 YEARS	IF UNDER 1 YEAR: DAYS	IF UNDER 24 HOURS: HOURS MINUTES
8. NAME AND BIRTHPLACE OF FATHER: Unknown Webster-Missouri	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Unknown-Missouri	10. CITIZEN OF WHAT COUNTRY: U. S. A.	11. SOCIAL SECURITY NUMBER: 550-12-4669
12. LAST OCCUPATION: Groom	13. NUMBER OF YEARS IN THIS OCCUPATION: 30	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE): Ralph West	15. KIND OF INDUSTRY OR BUSINESS: Horse Racing
16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE: No	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed	18a. NAME OF PRESENT SPOUSE: None	18b. PRESENT OR LAST OCCUPATION OF SPOUSE: None

PLACE OF DEATH

19a. PLACE OF DEATH—NAME OF HOSPITAL: Los Angeles County General Hospital	19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 1200 North State Street [X] INSIDE CITY CORPORATE LIMITS [ ] OUTSIDE CITY CORPORATE LIMITS		
19c. CITY OR TOWN: Los Angeles	19d. COUNTY: Los Angeles	19e. LENGTH OF STAY IN COUNTY OF DEATH: 15 YEARS	19f. LENGTH OF STAY IN CALIFORNIA: 15 YEARS

LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—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): 12110 East 161st Street	20e. IF INSIDE CITY CORPORATE LIMITS, CHECK ONE: [X] CHECK HERE [ ] OR A FARM; IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE: [ ] OR A FARM [ ] NOT ON A FARM		21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE): Ethel Dixon
20c. CITY OR TOWN: Norwalk	20d. COUNTY: Los Angeles	20e. STATE: California	21b. ADDRESS OF INFORMANT (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS): 12110 East 161st Street, Norwalk

PHYSICIAN'S OR CORONER'S CERTIFICATION

22a. PHYSICIAN: 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 FROM 10-15-62 TO 10-21-62. I SAW THE DECEASED ALIVE ON 10-15-62 AND THE LAST KNOWN ALIVE ON 10-21-62.

22b. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION (AUTOPSY) THEREOF ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.

22c. PHYSICIAN OR CORONER—SIGNATURE: Tonya D. Kretentsem Jr MD — DEGREE OR TITLE

22d. DATE SIGNED: 22 Oct 62

22e. ADDRESS: 1200 North State Street

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. SPECIFY BURIAL, CREMATION OR REMOVAL: Burial	24. DATE: 10-23-62	25. NAME OF CEMETERY OR CREMATORY: Rosehills Memorial Park	26. EMBALMER—SIGNATURE: Edwin L Kall — LICENSE NUMBER: 3296
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): ARMSTRONG FAMILY	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: OCT 23 1962	29. LOCAL REGISTRAR—SIGNATURE: George W. Hill, M.D.	

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

30. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A): Uremia — wks

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST: DUE TO (B): Acute Cyelonephritis and chronic renal disease associated with hypertension and diabetes Mellitus — Weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): Bronchopneumonia — Months

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE: [ ] NO OPERATION PERFORMED; [ ] OPERATION PERFORMED—EVIDENCE USED IN DETERMINING ABOVE STATED CAUSE OF DEATH; [ ] OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSE OF DEATH

32. DATE OF OPERATION

33. AUTOPSY—CHECK ONE: [ ] NO AUTOPSY PERFORMED; [X] AUTOPSY PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSE OF DEATH; [ ] AUTOPSY PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSE OF DEATH

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE

34b. DESCRIBE HOW INJURY Ooccurred (GIVE MEMBERS OF STREET WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED AS PART II ON ITEM 30.)

35a. TIME OF INJURY: HOUR, MONTH, DAY, YEAR

35b. CITY, TOWN, OR LOCATION: COUNTY, STATE

35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)

35d. INJURY OCCURRED: [ ] WHILE AT WORK; [ ] NOT WHILE AT WORK

(Rev. 1-1-58 Form VS 11)

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Return
Ethel Dixon
P.O. Box 1311
Parker, Oregon
85344

LOS ANGELES CITY HEALTH DEPARTMENT
This is to certify that this is a true copy of the certificate on file in this office.

FEE $2.00

OCT 24 1962

GEORGE M. UHL, M. D.
Health Officer and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of KLAMATH COUNTY TITLE CO

this 3rd day of May A. D. 19 73 at 11;20 o'clock A M., and

duly recorded in Vol. M 73, of DEEDS on Page 5316

Wm D. MILNE, County Clerk

FEE $ 4.00

By Hazel Bragil