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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 7097-045640

DECEDENT PERSONAL DATA 8

1a. NAME OF DECEASED—FIRST NAME: Mathew	1b. MIDDLE NAME: James	1c. LAST NAME: Smith	2a. DATE OF DEATH—MONTH DAY YEAR: Nov. 2, 1971 · 2b. HOUR: 9:11 P M
3. SEX: Male	4. COLOR OR RACE: Caucasian	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Glasgow, Scotland	6. DATE OF BIRTH: Jan. 25, 1910 · 7. AGE (LAST BIRTHDAY): 61 YEARS · IF UNDER 1 YEAR · IF UNDER 24 HOURS
8. NAME AND BIRTHPLACE OF FATHER: Patrick Smith, Ireland		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Susan Grant, Ireland	
10. CITIZEN OF WHAT COUNTRY: U. S. A.	11. SOCIAL SECURITY NUMBER: 274-01-3690	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Anna Sabo
14. LAST OCCUPATION: Pre-Inspector	15. NUMBER OF YEARS IN THIS OCCUPATION: 12	16. NAME OF LAST EMPLOYING COMPANY OR FIRM: Rocketdyne	17. KIND OF INDUSTRY OR BUSINESS: Rocket Research

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: -	18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 22046 Providencia St.		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
18d. CITY OR TOWN: Woodland Hills	18e. COUNTY: Los Angeles	18f. LENGTH OF STAY IN COUNTY OF DEATH: 26 YEARS	18g. LENGTH OF STAY IN CALIFORNIA: 26 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 22046 Providencia Street		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes	20. NAME AND MAILING ADDRESS OF INFORMANT: Mrs. Anna Smith, 22046 Providencia St., Woodland Hills, California
19c. CITY OR TOWN: Woodland Hills	19d. COUNTY: Los Angeles	19e. STATE: California	

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER	21b. PHYSICIAN: FROM 9/18/71 TO 11/1/71 AND 11/1/71	21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: H. Brian Herdeg M.D. · H. Brian Herdeg, M. D.	21d. DATE SIGNED: 11/3/71
		21e. ADDRESS: 22718 Ventura Blvd. Woodland Hills, Calif.	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: 20A2116

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial	22b. DATE: 11/6/71	23. NAME OF CEMETERY OR CREMATORY: San Fernando Mission Cemetery	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: Dale J. Elakamp 4937
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): J. T. Oswald Mortuary, Re	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No	27. LOCAL REGISTRAR—SIGNATURE: [illegible] M.D.	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: NOV 4 1971

MEDICAL AND HEALTH DATA

CAUSE OF DEATH 9

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

	Cause	Approximate interval between onset and death
IMMEDIATE CAUSE (A)	CIRCULATORY COLLAPSE; SHOCK	2 min
DUE TO, OR AS A CONSEQUENCE OF (B)	MASSIVE CORONARY ARTERIAL OCCLUSION	2 min
DUE TO, OR AS A CONSEQUENCE OF (C)	CORONARY ARTERY ATHEROSCLEROSIS	several years

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: RECENT (9/22/71) myocardial infarct with episode of acute heart failure

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): no

32a. AUTOPSY (SPECIFY YES OR NO): no

32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO):

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:

34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.):

35. INJURY AT WORK (SPECIFY YES OR NO):

36a. DATE OF INJURY—MONTH DAY YEAR:

36b. HOUR: M

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN):

37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19): MILES

38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO):

39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO):

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29):

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
					1374

REV. 1-1-68 Form VS 11

11622

Rel: Anna M Smith
22046 - Providencia St.
Woodland Hills, Calif
91364

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE LOS ANGELES COUNTY HEALTH DEPARTMENT IF IT BEARS THE SEAL IMPRINTED IN PURPLE INK.

AUG 23 1971 FEE $2.00

G. A. Holdbreder M.D.

G. A. Holdbreder, M.D., M.P.H., Health Officer and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of ANNA M. SMITH

this 28th day of AUGUST A. D., 19 73 at 11:12 o'clock A M., and duly recorded in Vol. M 73, of DEEDS. on Page 11621

FEE $ 4.00

WM. D. MILNE, County Clerk

By Hazel L. Hazel