98282

CERTIFICATE OF DEATH

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STATE FILE NUMBER — STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA 9

1a. NAME OF DECEASED—FIRST NAME	1b MIDDLE NAME	1c LAST NAME	2a DATE OF DEATH—MONTH DAY YEAR	2b HOUR
Edith	Aubrey	Hulbert	December 26, 1973	10:40 P M

3 SEX	4 COLOR OR RACE	5 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6 DATE OF BIRTH	7 AGE (IN YEARS)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: MINUTES
Female	Caucasian	Ohio	December 1,1890	83 YEARS		

8 NAME AND BIRTHPLACE OF FATHER	9 MAIDEN NAME AND BIRTHPLACE OF MOTHER
Samuel M. Hanna Kansas	Rebecca Friend Kansas

10 CITIZEN OF WHAT COUNTRY	11 SOCIAL SECURITY NUMBER	12 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13 NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	555-53-3205	Widowed	---

14 LAST OCCUPATION	15 NUMBER OF YEARS IN THIS OCCUPATION	16 NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED OR STATE)	17 KIND OF INDUSTRY OR BUSINESS
Nurse	20	Unknown	Private Nursing

PLACE OF DEATH

18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY	18e STREET ADDRESS (STREET AND NUMBER OR LOCATION)	18i INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Del Mar Convalescent Hospital	3136 North Del Mar Avenue	Yes

18b CITY OR TOWN	18d COUNTY	18f LENGTH OF STAY IN COUNTY OF DEATH	18g LENGTH OF STAY IN CALIFORNIA
Rosemead	Los Angeles	62 YEARS	62 YEARS

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

19a USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20 NAME AND MAILING ADDRESS OF INFORMANT
434 North Avenue 51	Yes	Ellis H. Hulbert Son 635 Baker P-103 (Apt.) Costa Mesa, California

19c CITY OR TOWN	19d COUNTY	19e STATE
Los Angeles	Los Angeles	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a 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 THE REMAINS OF DECEASED IN MY CUSTODY AS CORONER)	21b 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)		21c PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE	21d DATE SIGNED
	FROM (ENTER MONTH DAY YEAR) 9-16-69	TO (ENTER MONTH DAY YEAR) 12-26-73	Benj. F. Stiger MD	12-27-73
	LAST SEEN ALIVE (ENTER MONTH DAY YEAR) 12-24-73		21e ADDRESS 3327 N. San Gabriel Rosemead	21f PHYSICIAN'S CALIFORNIA LICENSE NUMBER A09819

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b DATE	23 NAME OF CEMETERY OR CREMATORY	24 EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Burial	Dec. 28,1973	Rose Hills Memorial Park	Ray Stafford # 4915

25 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26 IF NOT CERTIFIED BY CORONER, WAS THIS DEATH INDICATED TO CORONER? (SPECIFY YES OR NO)	27 LOCAL REGISTRAR—SIGNATURE	28 DATE ACCEPTED BY LOCAL REGISTRAR (MONTH DAY YEAR)
Rose Hills Mortuary	No	Luton A. Wittard Jr.	DEC 28 1973

MEDICAL AND HEALTH DATA

9 CAUSE OF DEATH

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

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Acute Cardiac Failure	6 hrs
DUE TO OR AS A CONSEQUENCE OF	(B) arteriosclerotic Heart Disease	4 years
DUE TO OR AS A CONSEQUENCE OF	(C)	

30 PART II OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Anemia, iron deficiency

31 WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO)	32a AUTOPSY (SPECIFY YES OR NO)	32b IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
No	No	

INJURY INFORMATION

33 SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34 PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)	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 DESCRIPTIVE EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

STATE REGISTRAR

A	B	C	D	E	F
					1835

REV. 1-1-68 Form VS-11

Ref: Ganong & Sisemore
535 Main
City

RECEIVED FEB 21 1975
11:20 am

STATE OF OREGON,
County of Klamath
Filed for record at request of
GANONG & SISEMORE
in the 21st day of FEBRUARY A.D. 1975
at 11:20 o'clock A.M., and duly
recorded in Vol. M 75 DEEDS
Page 2131
WM. J. VIAL, County Clerk
By Margaret Dragle Deputy
Fee $ 2.00