4359

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

Vol. N 75 Page 10210

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT'S PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: EDNA	1b. MIDDLE NAME:	1c. LAST NAME: SHERMAN	2a. DATE OF DEATH—MONTH, DAY, YEAR: JANUARY 6, 1975
2b. HOUR: 10:00A M.	3. SEX: FEMALE	4. COLOR OR RACE: CAUCASIAN	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): TEXAS
6. DATE OF BIRTH: JANUARY 23, 1909	7. AGE (LAST BIRTHDAY): 65 YEARS	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
8. NAME AND BIRTHPLACE OF FATHER: EDWIN L. THORP - TEXAS	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: ADA MAE HITE - MISSOURI		
10. CITIZEN OF WHAT COUNTRY: U.S.A.	11. SOCIAL SECURITY NUMBER: 547-18-8585	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): DIVORCED	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME):
14. LAST OCCUPATION: HOUSEWIFE	15. NUMBER OF YEARS IN THIS OCCUPATION: NR	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF NEVER EMPLOYED SO STATE): NA	17. KIND OF INDUSTRY OR BUSINESS: OWN HOME

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY: Los Angeles County - USC Medical Center	18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 1200 North State Street		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes
18d. CITY OR TOWN: Los Angeles	18e. COUNTY: Los Angeles	18f. LENGTH OF STAY IN COUNTY OF DEATH: 13 YEARS	18g. LENGTH OF STAY IN CALIFORNIA: 13 YEARS

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

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2201 NORTH EASTERN AVENUE	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): YES	20. NAME AND MAILING ADDRESS OF INFORMANT: HOSPITAL RECORDS 1200 No. State Street Los Angeles California	
19c. CITY OR TOWN: LOS ANGELES	19d. COUNTY: LOS ANGELES	19e. STATE: 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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. (SIGNATURE OF 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 FROM (ENTER MONTH, DAY, YEAR): 12/26/74 TO (ENTER MONTH, DAY, YEAR): 1/6/75 AND LAST SAW THE DECEASED ALIVE ON (ENTER MONTH, DAY, YEAR): 1/5/75	21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: Robert Wilmot MD	21d. DATE SIGNED: 1/8/75
		21e. ADDRESS: 1200 North State Street	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: G27868

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: CREMATION	22b. DATE: 1-13-75	23. NAME OF CEMETERY OR CREMATORY: LOSA CO. CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: NOT EMBALMED
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): LAC USC MEDICAL CENTER		26. IF NOT CERTIFIED BY CORONER, WAS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): NO	27. LOCAL REGISTRAR—SIGNATURE: Luther A. Whitehill DH
			28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: JAN 10 1975

CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

29. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (A): CARDIAC ARRHYTHMIA

DUE TO OR AS A CONSEQUENCE OF (B): ATHEROSCLEROTIC & HYPERTENSIVE HEART DISEASE

DUE TO OR AS A CONSEQUENCE OF (C): HYPERTENSION

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: EMPHYSEMA, PNEUMONIA

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): YES

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

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, 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.

REV. 1-1-68 FORM VS-11

MEDICAL AND HEALTH DATA

RECEIVED AUG 29 1975

ok 3 cc

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

JAN 15 1975

FEE $2.00

Lester A. Whitehill

Lester A. Whitehill, Director of Health Services and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record ~~at request of~~ .....

this 29th day of AUGUST A. D., 19 75 at 4:30 o'clock P.M., and duly recorded in

Vol. M 75, of DEEDS on Page 10210

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy