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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER 38-11641 | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST	1b. MIDDLE	1c. LAST	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
ARNOLD	RONALD	HUDSON	July 14, 1976	12:40 A M

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	Caucasian	Wisconsin	08-04-16	59 YEARS		

8. NAME AND BIRTHPLACE OF FATHER: Ira Hudson, Michigan
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Laura Shew, Wisconsin

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.	538-01-5503	Married	Ruth Tansey

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM	17. KIND OF INDUSTRY, OR BUSINESS
Leading Man	18	U.S. Naval Ammunitions	U.S. Government

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18d. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	18e. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
City of Hope Medical Center	1500 East Duarte Road	Yes

18b. CITY OR TOWN	18c. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Duarte	Los Angeles	32 YEARS	32 YEARS

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

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19d. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
Hunters Camp Williams/Star Route	no	Ruth C. Hudson, wife Hunters Camp Williams Star Route Azusa, Calif. 91702

19c. CITY OR TOWN	19b. COUNTY	19e. STATE
Azusa	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 FIELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.
INVESTIGATION OR INQUEST? 2/14/75

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)	TO (ENTER MONTH, DAY, YEAR)	AND DEATH IS DUE TO THE CAUSES (ENTER ONLY ONE CAUSE PER LINE)
3/14/76	7/14/76	

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: Jeffrey L. Zweig
21d. DATE SIGNED: 7/14/76
21e. ADDRESS: 1500 E. Duarte Rd. Duarte
21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: 928120

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
Cremation	July 14, 1976	Pasadena Crematorium	Not Embalmed

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR
White's Funeral Home	no	Liston A. Witherill	JUL 14 1976

CAUSE OF DEATH — MEDICAL AND HEALTH DATA

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)	Cardiopulmonary arrest	5min
DUE TO, OR AS A CONSEQUENCE OF (B)	Anoxia	1-2 hrs
DUE TO, OR AS A CONSEQUENCE OF (C)	Squamous cell Ca of tongue	3-4 yrs

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART II: Airway obstruction

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO) IF YES, DATE OF OPERATION AND SOURCE OF INFORMATION	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
Surg. 3/6/75, 7/75	NO	

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)	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)
	MILES		

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.

VS 11 19 73

'76 NOV 8 PM 3 05

Return T/A - Kathy

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.

LOS ANGELES COUNTY — BOARD OF SUPERVISORS — STATE OF CALIFORNIA

JUL 14 1976 FEE $2.00

Liston A. Witherill, Director of Health Services and Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 8 day of Nov A.D., 19 76 at 4:00 o'clock P M., and duly recorded in Vol M 76, of ~~deeds~~ on Page 17761.

FEE 3.00

WM. D. MILNE, County Clerk

By _____ Deputy