

21329

CERTIFICATE OF DEATH

Vol. M 76 Page 17761

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH

OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

38-11641		STATE FILE NUMBER	
1. NAME OF DECEASED—FIRST NAME		10. MIDDLE NAME	
ARNOLD		RONALD	
2. SEX		3. COLOR OR RACE	
Male		Caucasian	
4. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		5. DATE OF BIRTH	
Wisconsin		08-04-16	
6. NAME AND BIRTHPLACE OF FATHER		7. MAIDEN NAME AND BIRTHPLACE OF MOTHER	
Ira Hudson, Michigan		Laura Shew, Wisconsin	
8. CITIZEN OF WHAT COUNTRY		9. SOCIAL SECURITY NUMBER	
U.S.A.		538-01-5503	
10. LAST OCCUPATION		11. NAME OF LAST EMPLOYING COMPANY OR FIRM	
Leading Man		U.S. Naval Ammunitions	
12. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		13. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)	
City of Hope Medical Center		1500 East Duarte Road	
14. CITY OR TOWN		15. COUNTY	
Duarte		Los Angeles	
16. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		17. NAME AND MAILING ADDRESS OF INFORMANT	
Hunters Camp Williams/Star Route		Ruth C. Hudson, wife	
18. CITY OR TOWN		Hunters Camp Williams	
Azusa		Star Route	
19. COUNTY		Azusa, Calif. 91702	
20. STATE		California	
21. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE FILED ON THE RECORDS OF DECEASED AS REQUIRED BY LAW		22. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE FILED ON THE RECORDS OF DECEASED AS REQUIRED BY LAW	
23. DATE		24. DATE	
2/14/75 3/14/76 7/14/76		7/14/76	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26. NAME OF CEMETERY OR CREMATORY	
White's Funeral Home		Pasadena Crematorium	
27. DATE		28. EMBALMER—SIGNATURE (IF NOT EMBALMED) LICENSE NUMBER	
no		Not Embalmed	
29. PART I. DEATH WAS CAUSED BY:		29. PART II. OTHER SIGNIFICANT CONDITIONS	
IMMEDIATE CAUSE		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.	
(A) Cardiac/pulmonary arrest		anxiety obstruction	
(B) Anoxia			
(C) Squamous cell Ca of tongue			
30. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		31. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	
		32. DATE OF INJURY—MONTH, DAY, YEAR	
		33. HOUR	
34. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		35. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (MILES)	
36. DATE OF INJURY—MONTH, DAY, YEAR		37. HOURS	
38. TIME LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. TIME LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)	
39. TIME 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			

MEDICAL AND HEALTH DATA

INJURY INFORMATION

STATE REGISTRAR

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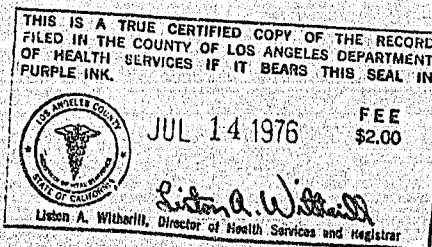
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Return T/A - Kathy

76 NOV 8 PM 4 ON



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 *[Signature]* Deputy