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21353

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

3600 4698

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST	1b. MIDDLE	1c. LAST	2a. DATE OF DEATH	2b. HOUR
Patricia	Mary	Woolery	October 8, 1972	2:15 A

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE	6. DATE OF BIRTH	7. AGE	8. IF UNDER 1 YEAR	9. IF UNDER 24 HOURS
Female	Cauc.	Missouri	March 28, 1933	39		

10. NAME AND BIRTHPLACE OF FATHER	11. MAIDEN NAME AND BIRTHPLACE OF MOTHER
George Wells - Kansas	Winnie Erwin- Missouri

12. CITIZEN OF WHAT COUNTRY	13. SOCIAL SECURITY NUMBER	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE
U.S.A.	572-40-9677	Married	Harry Woolery

16. LAST OCCUPATION	17. KIND OF INDUSTRY OR BUSINESS
Housewife	-

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION	18b. STREET ADDRESS	18c. INSIDE CITY LIMITS
Ontario Community Hospital	550 North Monterey Avenue	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY	18g. LENGTH OF STAY IN CALIFORNIA
Ontario	San Bernardino	4 days	28

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

19a. USUAL RESIDENCE—STREET ADDRESS	19b. INSIDE CITY LIMITS	20. NAME AND MAILING ADDRESS OF INFORMANT
243 South Mills Avenue	Yes	Mr. Harry Woolery 243 South Mills Avenue Claremont, California

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

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER	21b. PHYSICIAN	21c.	21d. DATE SIGNED
	5-27-69 10-8-72	10-9-72	10-9-72

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. DISPOSITION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. LICENSE NUMBER
Entombment	10-10-1972	Bellevue Rancho Cucamonga Ontario, California	FD 5715

25. NAME OF FUNERAL DIRECTOR	26.	27. LOCAL REGISTRAR—SIGNATURE	28.
Draper Mortuary	150	[illegible] M.D. (acting)	10-10-72

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Granulomatous Debilitation	3wk
CONDITIONS IF ANY WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST — DUE TO OR AS A CONSEQUENCE OF (B)	Carcinomatosis	1mo
DUE TO OR AS A CONSEQUENCE OF (C)	Primary Carcinoma of Breast	2½yr

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

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY	35. INJURY AT WORK	36a. DATE OF INJURY	36b. HOUR

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b.	38.	39.

40. DESCRIBE HOW INJURY OCCURRED

5.10.2

STATE REGISTRAR

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

REV. 1-69 Form 46.11