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CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

51129 — STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER(S)

DECEDENT PERSONAL DATA 7

1a. NAME OF DECEASED—FIRST	1b. MIDDLE	1c. LAST	2a. DATE OF DEATH—MONTH DAY YEAR	2b. HOUR
John	Henderson	Spuryer	Aug. 9, 1971	3:15A 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	Cauc.	Mississippi	May 27, 1919	52 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Owen H. Spuryer (Mississippi)	Annie M. Long (Mississippi)

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)
USA	527-14-3767	Married	Jimmie Lee Drake

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Attendant	13	Jonathan Club	Garage at Club

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INSTITUTION	18b. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Hollywood Community Hosp.	6245 DeLongpre Ave.	yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Hollywood	Los Angeles	17 YEARS	17 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
1821 Keeler Street	yes	Jimmie Lee Spuryer 1821 Keeler Street Burbank, Calif.

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Burbank	Los Angeles	Calif.

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 OR HAVE WAIVED MY RIGHT TO HOLD AN INVESTIGATION OF THIS CASE)	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 LAST SAW THE DECEASED ON THIS DATE)	21c. SIGNATURE AND TITLE OF PERSON CERTIFYING	21d. DATE SIGNED
	FROM 1/28/71 TO 8/8/71 AND LAST SAW THE DECEASED ON THIS DATE 8/8/71	Robert H. Shaw, M.D.	8/9/71

21e. ADDRESS	21f. LICENSE NUMBER
435 No. Roxbury Dr. B.H.	G 9455

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE OF BODY EMBALMED; LICENSE NUMBER
Burial	8/11/71	Eternal Valley Cemetery	Harold Vanstreet 3225

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 ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR
UTTER MCKINLEY VALLEY 5530 Lankershim Blvd., NH	no		AUG 10 1971

MEDICAL AND HEALTH DATA

CAUSE OF DEATH 9

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)	Pancreatic fistula + peritonitis.	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (B)		
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.

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEM 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 3 1f

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, 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
					3106

REV. 1-1-68 Form VS-11

MRS. J. L. SPURYER
1921 CHURCH STREET
BURBANK, CAL.
91504

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STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of July A.D., 19 78 at 3:12 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 14312.

FEE $3.00

WM. D. MILNE, County Clerk

By Bernadine A. Kelsch Deputy