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18290

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

STATE FILE NUMBER	
1A. NAME OF DECEDENT—FIRST	GERTRUDE
1B. MIDDLE	H.
1C. LAST	HOUSEMAN
2A. DATE OF DEATH (MONTH, DAY, YEAR)	May 1, 1982
2B. HOUR	1800
3. SEX	Female
4. RACE	White
5. ETHNICITY	
6. DATE OF BIRTH	December 20, 1908
7. AGE (YEARS / IF UNDER 1 YEAR MONTHS / DAYS / IF UNDER 24 HOURS HOURS / MINUTES)	73
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	Pennsylvania
9. NAME AND BIRTHPLACE OF FATHER	William B. Hubert, Pennsylvania
10. BIRTH NAME AND BIRTHPLACE OF MOTHER	Agnes V. MacNeil Canada
11. CITIZEN OF WHAT COUNTRY	United States
12. SOCIAL SECURITY NUMBER	568-20-4019
13. MARITAL STATUS	Widowed
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
15. PRIMARY OCCUPATION	Accountant
16. NUMBER OF YEARS THIS OCCUPATION	30
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	Self-Employed
18. KIND OF INDUSTRY OR BUSINESS	Accounting
19C. CITY OR TOWN	Sun Valley

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	9300 Cayuga Avenue
19B.	
19D. COUNTY	Los Angeles
19E. STATE	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	Mrs. Helen J. Moore, executrix 9512 Sandusky Avenue Arleta, California 91332

PLACE OF DEATH

21A. PLACE OF DEATH	St. Joseph Medical Center
21B. COUNTY	Los Angeles
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	501 South Buena Vista
21D. CITY OR TOWN	Burbank

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A) Cerebrovascular Accident

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF (B) Cirrhosis

DUE TO, OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? NO

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: Diabetes Mellitus, Hypertension

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No — DATE:

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 10/16/81

I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 5/1/82

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Richard J Kroop MD

28C. DATE SIGNED: 5/3/82

28D. PHYSICIAN'S LICENSE NUMBER: G33[illegible]

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Richard Kroop, M.D., 848 Hollywood Way, Burbank, CA

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.

30. PLACE OF INJURY

31. [illegible]

32A. DATE OF INJURY—MONTH, DAY, YEAR

32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

35C. DATE SIGNED

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)

35B. CORONER—SIGNATURE AND DEGREE OF TITLE

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: #6397 John Trecar

36. DISPOSITION: Burial

37. DATE—MONTH, DAY, YEAR: 5-4-1982

38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Forest Lawn Memorial Park, 6300 Forest Lawn Drive, Los Angeles, CA

42. DATE ACCEPTED BY LOCAL REGISTRAR: MAY 3 1982

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Forest Lawn Hollywood Hills Mty F 904

41. LOCAL REGISTRAR—SIGNATURE

STATE REGISTRAR

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

VS-11 (10-78)

FRANK T. HENNESSEY
ATTORNEY AT LAW
11120 McCORMICK STREET
NORTH HOLLYWOOD, CALIFORNIA 91601

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.

FEE $3.00

MAY 5 1982

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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 13 day of Dec., A.D., 1982 at 1:44 o'clock A M., and duly recorded in Vol M82, of Deeds on page 17610.

Fee $ 4.00

EVELYN BIEHN
COUNTY CLERK

By Joyce Wilkins deputy