

87547

CERTIFICATE OF DEATH

Vol M88

7988

STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST, MIDDLE

Julian

1C. LAST

Olivas

LOCAL REGISTRATION DISTRICT AND CITY/TOWNSHIP

2A. DATE OF DEATH (MONTH, DAY, YEAR)

August 29, 1984

2218

DECEDENT PERSONAL DATA

3. SEX

Male

4. RACE/ETHNICITY

Spanish

5. SPANISH/HISPANIC

NO

6. DATE OF BIRTH

February 16, 1935

7. AGE

49

IF UNDER 1 YEAR

MONTHS

IF UNDER 24 HOURS

DAYS

HOURS

MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)

El Paso, Texas

9. NAME AND BIRTHPLACE OF FATHER

Salvatore Olivas - Mexico

11. CITIZEN OF WHAT COUNTRY

U.S.A.

12. SOCIAL SECURITY NUMBER

451-38-2471

13. MARITAL STATUS

Married

10. BIRTH NAME AND BIRTHPLACE OF MOTHER

Manuela Ojeda - Mexico

15. PRIMARY OCCUPATION

Iron Worker

16. NUMBER OF YEARS THIS OCCUPATION

10

17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)

Soule Steel Co.

14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)

Lucy Padilla

18. KIND OF INDUSTRY OR BUSINESS

Steel Fabricator

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)

552 E. 224th Street

19B.

19C. CITY OR TOWN

Carson

19D. COUNTY

Los Angeles

19E. STATE

CA

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP

Lucy P. Olivas (Wife)

552 E 224th Street

Carson, CA 90745

PLACE OF DEATH

21A. PLACE OF DEATH

Harbor UCLA Medical Center

21B. COUNTY

Los Angeles

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)

1000 West Carson Street

21D. CITY OR TOWN

Torrance

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

IMMEDIATE CAUSE

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

(A) Cardiac Arrest

DUE TO, OR AS A CONSEQUENCE OF

(B) Myocardial Infarction

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 SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A

Severe Atherosclerotic Vascular Disease

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION

NONE

PHYSICIAN'S CERTIFICATION

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

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

28C. DATE SIGNED

28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

28F. TYPE PHYSICIAN'S NAME AND ADDRESS

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