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55922

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN): Ernest
1B. MIDDLE: Irving
1C. LAST (FAMILY): Shelby, Sr.
2A. DATE OF DEATH—MO. DAY. YR: December 8,1991
2B. HOUR: 1046
3. SEX: Male
4. RACE: Black
5. HISPANIC—SPECIFY: ☐ YES ☒ NO
6. DATE OF BIRTH—MO. DAY. YR: April 3, 1914
7. AGE IN YEARS: 77
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. STATE OF BIRTH: TN
9. CITIZEN OF WHAT COUNTRY: USA
10A. FULL NAME OF FATHER: Charles Shelby
10B. STATE OF BIRTH: TN
11A. FULL MAIDEN NAME OF MOTHER: Grace Irving
11B. STATE OF BIRTH: OH
12. MILITARY SERVICE? 19 ___ TO 19 ___ ☒ NONE
13. SOCIAL SECURITY NO.: 563-05-7822
14. MARITAL STATUS: Married
15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Ruby Cunningham
16A. USUAL OCCUPATION: Produce manager
16B. USUAL KIND OF BUSINESS OR INDUSTRY: Retail produce
16C. USUAL EMPLOYER: ABC Market
16D. YEARS IN OCCUPATION: 45
17. EDUCATION—YEARS COMPLETED: 14

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION: 2438 So. St. Andrews Place
18B. CITY: Los Angeles
18C. ZIP CODE: 90018
18D. COUNTY: Los Angeles
18E. NUMBER OF YEARS IN THIS COUNTY: 60
18F. STATE OR FOREIGN COUNTRY: California
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT: Janice R. Shelby, daughter
2438 So. St. Andrews Place
Los Angeles, CA 90018

PLACE OF DEATH

19A. PLACE OF DEATH: Daniel Freeman Hospital
19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA: ER/OP
19C. COUNTY: Los Angeles
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 333 N. Prairie Ave.
19E. CITY: Inglewood
TIME INTERVAL BETWEEN ONSET AND DEATH
22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER ☐ YES ☒ NO
23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
IMMEDIATE CAUSE (A): CARDIAC ARREST — 5 MINS
DUE TO (B): CORONARY ARTERY DISEASE — 1 YEAR
DUE TO (C):
24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: DIABETES MELLITUS.
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No

PHYSICIAN'S CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER: Bijan Pourat MD
27C. CERTIFIER'S LICENSE NUMBER: A38770
27D. DATE SIGNED: 12/9/91
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR: JAN 2 1986
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR: DEC 4 91
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Bijan Pourat, M.D.,9090 Burton Way,Beverly Hills, CA
28B. DATE SIGNED

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined
30A. PLACE OF INJURY
30B. INJURY AT WORK ☐ YES ☐ NO
30C. DATE OF INJURY MONTH, DAY, YEAR
31. HOUR
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)
33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S): Burial
34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS: Forest Lawn Memorial Park
Los Angeles, CA 90068
34C. DATE MO. DAY. YEAR: 12-14-1991
35A. SIGNATURE OF EMBALMER: David Valdez
35B. LICENSE NUMBER: 7882
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): FOREST LAWN HOLLYWOOD HILLS
36B. LICENSE NO.: F-904
37. SIGNATURE OF LOCAL REGISTRAR: Robert C. Neal
37A. REGISTRATION DATE: DEC 13 1991

STATE REGISTRAR

A. | B. | C. | D. | E. | F. | CENSUS TRACT: 04-9.1-033

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

VS-11 (REV. 3-91) 4149

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.

DEC 30 1991

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Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Ernest I. Shelby Jr. the 31st day of Dec. A.D., 19 92 at 3:28 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 31245.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $10.00
Return: Ernest I. Shelby Jr.
4447 172nd St., Lawndale, Ca. 90260