

CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LONG BEACH, CALIFORNIA

Vol M99 Page 30933

CERTIFICATE OF DEATH

3-1998-62 002303

STATE FILE NUMBER		USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED—FIRST, MIDDLE, LAST		2. SEX		3. LAST (FAMILY)	
Martha		A.		Carter	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS		7. DATE OF DEATH MM/DD/CCYY	
02/08/1920		78		08/06/1998	
8. STATE OF BIRTH		10. SOCIAL SECURITY NO.		12. MARITAL STATUS	
CA		547-16-0759		Married	
14. RACE		16. OCCUPATION—SPECIFY		18. USUAL EMPLOYER	
Caucasian		Yes ☐ No ☒		20th Century Fox	
17. OCCUPATION		19. YEARS IN OCCUPATION			
Violinist		60			
20. RESIDENCE—STREET AND NUMBER OR LOCATION					
6227 Monita Street					
21. CITY		23. ZIP CODE		25. STATE OR FOREIGN COUNTRY	
Long Beach		90803		CA	
26. NAME RELATIONSHIP					
Wendell Carter - Husband					
27. ADDRESS—STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP					
A 6227 Monita St. Long Beach, CA 90803					
28. NAME OF SURVIVING SPOUSE		29. MIDDLE		30. LAST (FAMILY NAME)	
Wendell		L.		Carter	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
John				Ogan	
34. NAME OF MOTHER—FIRST		35. MIDDLE		36. LAST (FAMILY NAME)	
Ella				Lewis	
37. DATE MM/DD/CCYY		38. PLACE OF FINAL DISPOSITION			
08/14/1998		Riverside National Cemetery, 22495 Van Buren Blvd. Riverside, CA 92508			
39. TYPE OF DISPOSITION		40. SIGNATURE OF REGISTRAR		41. LICENSE NO.	
BU		K. K. Paris		E 7065	
42. NAME OF FUNERAL DIRECTOR		43. LICENSE NO.		44. SIGNATURE OF LOCAL REGISTRAR	
Funeraria La Paz		FD 332		D. R. S. AD	
45. DATE MM/DD/CCYY		46. PLACE OF DEATH		47. COUNTY	
08/14/1998		Residence		Los Angeles	
48. STREET ADDRESS—STREET AND NUMBER OR LOCATION		49. CITY		50. STATE OR FOREIGN COUNTRY	
6227 Monita Street		Long Beach		CA	
51. DEATH WAS CAUSED BY (CHECK ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		52. MEDICAL BETWEEN DEATH AND DEATH		53. DEATH REPORTED TO CORONER	
A: Cardio Pulmonary Arrest		Mins.		Yes ☐ No ☒	
B: Non Hodgkins Lymphoma		Mos.		100. SHOPEY PERFORMED	
C:				Yes ☐ No ☒	
D:				110. AUTOPSY PERFORMED	
				Yes ☐ No ☒	
111. USED IN DETERMINING CAUSE				Yes ☐ No ☒	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
Hypertension					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, GIVE TYPE OF OPERATION AND DATE.					
No					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE DEATH OF THE DECEASED WAS CAUSED BY THE CAUSE STATED AND PLACE STATED FROM THE CAUSE STATED		115. TYPE OF CERTIFICATE		116. LICENSE NO.	
10/23/1989 08/05/1998		A042912		08/07/1998	
117. I CERTIFY THAT IN MY OFFICIAL CAPACITY, I HAVE REVIEWED THE DEATH AND PLACE STATED FROM THE CAUSE STATED		118. TYPE OF CERTIFICATE		119. SIGNATURE OF REGISTRAR	
118. NUMBER OF DEATH		119. SIGNATURE OF REGISTRAR		120. SIGNATURE OF REGISTRAR	
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CITY OF LONG BEACH

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Darryl M. Sexton, M.D.
CITY HEALTH OFFICER
REGISTRAR OF VITAL RECORDS

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Linda Smith,

County Clerk

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