

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-022876
STATE FILE NUMBER

ED VS. JUL 5 1960 128

Primary Registration District No. 2000

Registrar's No. 713

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California COUNTY Los Angeles									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 2 weeks.		c. CITY OR TOWN Los Angeles		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3602 Homeland Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First MINA Middle ESTELLE Last MARSHALL				4. DATE OF DEATH Month June Day 26 , Year 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan 2, 1897		9. AGE (last birthday) 63		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary Mobil Oil Co.				10b. KIND OF BUSINESS OR INDUSTRY Co.		11. BIRTHPLACE (City and state or country) Garden Grove, Calif.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Walter B. Harper				13b. MOTHER'S MAIDEN NAME Estelle Woodman				14. NAME OF HUSBAND OR WIFE Earl C. Marshall					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 562-03-1734		17. INFORMANT 3602 Homeland Drive, Earl C. Marshall L. A. Calif.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of cervix Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic to Bladder, Brain and supraclavicular node DUE TO (c) _____										INTERVAL BETWEEN ONSET AND DEATH 2 year 2 months			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from May 1960 to June 26 and last saw ^{her} alive on June 25, 1960 Death occurred at 12:35 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Carol R. Owen MD						22b. ADDRESS 804 Poppywood Bldg Springfield			22c. DATE SIGNED 6-26-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 1, 1960		23c. NAME OF CEMETERY OR CREMATORY Inglewood Park Cem., Inglewood, Calif				23d. LOCATION (City, town, or county) (State)					
24. FUNERAL DIRECTOR Brim-Daniel-Ash Grooz-Mussouri						25. DATE RECD. BY LOCAL REG. 6-28-60		26. REGISTRAR'S SIGNATURE Effie S. Meeton					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 1960

MAR 8 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dayton L. Sawicki

Licensed Embalmer No. 47

P. O. Address Cash

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.