

CERTIFICATE OF DEATH

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a. NAME OF DECEASED—FIRST NAME HAZEL			1b. MIDDLE NAME JANETTE			1c. LAST NAME WARLING			2a. DATE OF DEATH—MONTH DAY YEAR FEBRUARY 27, 1974			2b. HOUR 8:40 P			
3. SEX Female		4. COLOR OR RACE Caucasian		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota		6. DATE OF BIRTH April 13, 1899			7. AGE (LAST BIRTHDAY) 74 YEARS		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES		
8. NAME AND BIRTHPLACE OF FATHER Edward Hendrickson: Norway						9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Marie Melby: Norway									
10. CITIZEN OF WHAT COUNTRY U.S.A.				11. SOCIAL SECURITY NUMBER 558-30-7186				12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed				13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)			
14. LAST OCCUPATION Housewife				15. NUMBER OF YEARS IN THIS OCCUPATION 53		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE) Own home				17. KIND OF INDUSTRY OR BUSINESS Homemaker					
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN PATIENT FACILITY						18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) 21024 Lull Street						18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes			
18d. CITY OR TOWN Canoga Park						18e. COUNTY Los Angeles			18f. LENGTH OF STAY IN COUNTY OF DEATH 22 YEARS		18g. LENGTH OF STAY IN CALIFORNIA 22 YEARS				
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 21024 Lull Street						19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes			20. NAME AND MAILING ADDRESS OF INFORMANT Roger D. Warling 22435 Covello Street Canoga Park, California 91304						
19c. CITY OR TOWN Canoga Park						19d. COUNTY Los Angeles			19e. STATE California						
21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW AND (INVESTIGATION OR INQUIRY)				21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM TO AND (LAST SAW THE DECEASED AND ON (ENTER MONTH, DAY, YEAR) (ENTER MONTH, DAY, YEAR) (ENTER MONTH, DAY, YEAR))				21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE David Potykh MD				21d. DATE SIGNED 2-28-74			
				21e. ADDRESS Panorama City 13652 Centara St				21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER 68686							
22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial				22b. DATE 3/2/74		23. NAME OF CEMETERY OR CREMATORY Forest Lawn Hollywood Hills				24. SIGNATURE OF EMBALMER—SIGNATURE AND DEGREE OR TITLE Edward J. Smith					
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) BASTIAN & FERROTT MORTUARY						26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) no		27. LOCAL REGISTRAR—SIGNATURE Linda A. Wilk				28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR MAR 1 1974			
29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C															
IMMEDIATE CAUSE (A) Acute Myocardial infarction															
DUE TO, OR AS A CONSEQUENCE OF (B)															
DUE TO, OR AS A CONSEQUENCE OF (C)															
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I															
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR BIOPSY) no															
32. AUTOPSY (SPECIFY YES OR NO) no															
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE															
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)				35. INJURY AT WORK (SPECIFY YES OR NO)				36a. DATE OF INJURY—MONTH DAY YEAR				36b. HOUR			
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)						37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES				38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)					
39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)															
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)															
A. B. C. D. E. F.															

REV. 1-1-68 Form VS-11

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.



MAR 1 1974

FEE \$2.00

Linda A. Wilk

Linda A. Wilk, Director of Health Services and Registrar