

STATE
FILE NO

53-065923

CERTIFICATE OF DEATH

REGISTRATION NO. 3401

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

PERSONAL DATA	1. NAME OF DECEASED - FIRST NAME TO MIDDLE NAME JAMES		2. LAST NAME RUBEN		3. DATE OF DEATH August 22, 1953		4. TIME OF DEATH 5:50 am		
	5. SEX Male	6. COLOR OR RACE White	7. MARRIAGE STATUS Divorced	8. DATE OF BIRTH Nov. 5, 1916		9. AGE 36		10. SEX OF DECEASED MALE	
	11. USUAL OCCUPATION Baseball player			12. KIND OF BUSINESS OR INDUSTRY Alabama		13. BIRTHPLACE USA			
	14. NAME AND BIRTHPLACE OF FATHER John H. Tabor - Alabama			15. MAIDEN NAME AND BIRTHPLACE OF MOTHER Anne Oline - Alabama			16. NAME OF PRESENT RESIDENT		
PLACE OF DEATH	17a. COUNTY Sacramento			17b. CITY OR TOWN Sacramento		18. LENGTH OF STAY IN THIS CITY OR TOWN 22 Days			
	19. FULL NAME OF HOSPITAL OR INSTITUTION Sacramento County Hospital				20. ADDRESS Stockton Blvd., Sacramento				
	21. STATE California		22. COUNTY Sacramento		23. CITY OR TOWN Sacramento		24. STREET OR RURAL ADDRESS 3604 - 21st Ave.		
MEDICAL HISTORY	25. CORONER'S CERTIFICATE THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT HE HAS RECEIVED THE REMAINS OF DECEASED AS REQUIRED BY LAW August 22, 1953				26. PHYSICIAN'S CERTIFICATE THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT HE HAS ATTENDED THE DECEASED August 8, 1953				
	27. SIGNATURE OF CORONER Edward J. Farrell			28. DEGREE OF TITLE M.D.		29. ADDRESS Stockton Blvd., Sacramento		30. DATE SIGNED 8/27/53	
	31. SPECIFY BURIAL Removal		32. DATE 8/24/53		33. CEMETERY OR CREMATORY NEWHOPE, Alabama		34. SIGNATURE OF EMBALMER W. J. ...		
CAUSE OF DEATH	35. FUNERAL DIRECTOR James R. Garlick, Sacramento			36. DATE RECEIVED BY LOCAL REGISTRAR AUG 24 1953		37. SIGNATURE OF LOCAL REGISTRAR ...			
	38. THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH		39. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congestive heart failure				40. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	41. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE - (A) STATING THE UNDERLYING CAUSE LAST DUE TO - (C)		42. DUE TO - Bilateral renal disease						
OTHER SIGNIFICANT CONDITIONS	43. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			44. DATE OF OPERATION				45. MAJOR FINDINGS OF OPERATION	
	46. DATE OF OPERATION			47. MAJOR FINDINGS OF OPERATION				48. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	49. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		50. PLACE OF INJURY FARM		51. LOCATION CITY OR TOWN		52. COUNTY		53. STATE
DEATH DUE TO EXTERNAL VIOLENCE	54. TIME OF INJURY		55. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		56. HOW DID INJURY OCCUR?				