

STATE FILE 67-075038

**CERTIFICATE OF DEATH**

LOCAL REGISTRATION DISTRICT AND **4100 1643**

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE NUMBER

1a. NAME OF DECEASED—FIRST NAME <b>James</b>		1b. MIDDLE NAME <b>Marion</b>		1c. LAST NAME <b>Asbell</b>		2a. DATE OF DEATH—MONTH, DAY, YEAR <b>July 6, 1967</b>		2b. HOUR <b>5:30 P.</b>		
3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Texas</b>	6. DATE OF BIRTH <b>June 6, 1911</b>		7. AGE (LAST BIRTHDAY) <b>53</b> YEARS	7. AGE (LAST BIRTHDAY) IF UNDER 1 YEAR		7. AGE (LAST BIRTHDAY) IF UNDER 24 HOURS		
8. NAME AND BIRTHPLACE OF FATHER <b>James G. Asbell, Kansas</b>			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Lillie Mae Goad, Texas</b>			10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11. SOCIAL SECURITY NUMBER <b>449 09 9137</b>		
12. LAST OCCUPATION <b>Real Estate Investments</b>		13. NUMBER OF YEARS IN THIS OCCUPATION <b>4</b>	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED OR STATE) <b>Self</b>		15. KIND OF INDUSTRY OR BUSINESS <b>Real Estate &amp; Insurance</b>					
16. IF DECEASED WAS EVER IN U.S. ARMED FORCES GIVE YEAR OR DATES OF SERVICE <b>W.W. II</b>		17. SPECIES MARRIED NEVER MARRIED WIDOWED DIVORCED <b>Married</b>		18a. NAME OF PRESENT SPOUSE <b>Lilyan Asbell</b>		18b. PRESENT OR LAST OCCUPATION OF SPOUSE <b>Housewife</b>				
19a. PLACE OF DEATH—NAME OF HOSPITAL <b>Mills Memorial Hospital</b>				19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS) <b>100 S. San Mateo Dr.</b>				<input checked="" type="checkbox"/> INSIDE CITY CORPORATE LIMITS		<input type="checkbox"/> OUTSIDE CITY CORPORATE LIMITS
19c. CITY OR TOWN <b>San Mateo</b>			19d. COUNTY <b>San Mateo</b>		19e. LENGTH OF STAY IN COUNTY OF DEATH <b>18</b> YEARS		19f. LENGTH OF STAY IN CALIFORNIA <b>18</b> YEARS			
20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS) <b>118 Seville Way</b>			20b. IF INSIDE CITY CORPORATE LIMITS CHECK ONE <input checked="" type="checkbox"/> CHECK HERE		IF OUTSIDE CITY CORPORATE LIMITS CHECK ONE <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM		21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)			
20c. CITY OR TOWN <b>San Mateo</b>			20d. COUNTY <b>San Mateo</b>		20e. STATE <b>California</b>		21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST KNOWN ADDRESS OF DECEASED) <b>225 West 37th Ave San Mateo, California</b>			
22a. 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 _____ AND THAT I LAST SAW THE DECEASED ALIVE ON _____					22c. PHYSICIAN OR CORONER SIGNATURE <i>James Jensen</i>		DEGREE OR TITLE <b>CORONER: By <i>LLH</i></b>			
22b. 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 AN INVESTIGATION-AUTOPSY ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.					22d. ADDRESS <b>225 West 37th Ave San Mateo, California</b>		22e. DATE SIGNED <b>July 12, 1967</b>			
23. SPECIAL OCCURRENCE OR CREMATION <b>Cremation</b>	24. DATE <b>7-10-67</b>	25. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Memorial Park</b>			26. EMPALMER—SIGNATURE <i>Keith R. Garfield</i>		BODY EMBALMED? LICENSE NUMBER <b>4076</b>			
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Crosby-N. Gray &amp; Co.</b>			28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>July 10, 1967</b>		29. LOCAL REGISTRAR SIGNATURE <i>ALD. D. ...</i>					
30. CAUSE OF DEATH PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A): <b>Pulmonary Atelectasis, Congestion and Edema</b> CONDITIONS IF ANY WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST: DUE TO (B): <b>Cerebral Edema</b> DUE TO (C): <b>Ruptured Cerebral Aneurysm</b> PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): <b>Cerebral Sinus Thrombosis</b>										
31. OPERATION—CHECK ONE <input checked="" type="checkbox"/> NO OPERATION PERFORMED					32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE <input checked="" type="checkbox"/> AUTOPSY PERFORMED			
34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE					34b. DESCRIBE HOW INJURY OCCURRED					
35a. TIME OF INJURY					35b. INJURY OCCURRED					
35c. PLACE OF INJURY					35d. CITY, TOWN, OR LOCATION					
35e. PLACE OF INJURY (IF IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)					35f. CITY, TOWN, OR LOCATION					