

70-042592

CERTIFICATE OF DEATH

7097-013520

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1a. NAME OF DECEASED—FIRST NAME RICHARD			1b. MIDDLE NAME			1c. LAST NAME CONGER			2a. DATE OF DEATH—MONTH DAY YEAR February 16, 1970			2b. HOUR 6:15 A M							
3. SEX Male		4. COLOR OR RACE Cauc		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California		6. DATE OF BIRTH April 3, 1921			7. AGE (LAST BIRTHDAY) 48 YEARS			IF UNDER 1 YEAR IF UNDER 24 HOURS 1 DAY 1 HOUR 15 MINUTE							
8. NAME AND BIRTHPLACE OF FATHER Odie K. Conger Kentucky						9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Rebecca Cohn Minnesota													
10. CITIZEN OF WHAT COUNTRY USA			11. SOCIAL SECURITY NUMBER 550-14-3844			12. MARRIED—NEVER MARRIED WIDOWED DIVORCED (SPECIFY) Married			13. NAME OF SURVIVING SPOUSE (IF LIFE INTEREST, GIVE NAME) Virginia E. Null										
14. LAST OCCUPATION Pro-Duction Foreman			15. NUMBER OF YEARS IN THIS OCCUPATION 19			16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Times-Mirror Company			17. KIND OF INDUSTRY OR BUSINESS Newspaper Publishing										
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY (None)						18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) 1120 Monte Verde Drive						18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes							
18d. CITY OR TOWN Arcadia						18e. COUNTY Los Angeles			18f. LENGTH OF STAY IN COUNTY OF DEATH 48 YEARS			18g. LENGTH OF STAY IN CALIFORNIA 48 YEARS							
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1120 Monte Verde Drive						19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes			20. NAME AND MAILING ADDRESS OF INFORMANT Virginia E. Conger										
19c. CITY OR TOWN Arcadia						19d. COUNTY Los Angeles			19e. STATE California			20. NAME AND MAILING ADDRESS OF INFORMANT (same)							
21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED BY THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW, AND THAT I ATTACHED THE DEFERRED CERTIFICATE OF DEATH TO THIS CERTIFICATE.				21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW, AND THAT I ATTACHED THE DEFERRED CERTIFICATE OF DEATH TO THIS CERTIFICATE.				21c. PHYSICIAN OR BROADLY TRAINED NURSE: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE, FROM THE CAUSES STATED BELOW, AND THAT I ATTACHED THE DEFERRED CERTIFICATE OF DEATH TO THIS CERTIFICATE.				21d. DATE SIGNED 2/16/70							
21e. SIGNATURE <i>[Signature]</i>				21f. SIGNATURE <i>[Signature]</i>				21g. SIGNATURE <i>[Signature]</i>				21h. SIGNATURE <i>[Signature]</i>							
22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial				22b. DATE 2-19-1970				23. NAME OF CEMETERY OR CREMATOR Live Oak Memorial Park				24. EMBALMER—SIGNATURE IN BODY (NAME AND LICENSE NUMBER) Edward [Signature] 4950							
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Glasser-Miller & Lamb				26. IF NOT CERTIFIED BY CORONER MAY BE SPECIFIC YES OR NO				27. LOCAL REGISTRAR—SIGNATURE [Signature]				28. DATE OF REGISTRATION BY LOCAL REGISTRAR FEB 18 1970							
29. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Older												ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.							
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST												(A) Due to OR AS A CONSEQUENCE OF							
LAST												(B) Due to OR AS A CONSEQUENCE OF							
LAST												(C) Due to OR AS A CONSEQUENCE OF							
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTAINING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.												31. WAS OPERATION OR BODY PART PERFORMED FOR ANY CONDITION IN ITEMS 28 OR 30? (SPECIFY OPERATION, ANESTHESIA, BODY PART)		32. WERE TESTS SPECIFIED?		33. WERE TESTS SPECIFIED?		34. IF YES, WERE FINDINGS FOR DEATH IN DEPENDENT ON CAUSE OF DEATH? (SPECIFY YES OR NO)	
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE												34. PLACE OF INJURY (SPECIFY HOME, PARK, FACTORY, OFFICE BUILDING, ETC.) [Blank]		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 LOCAL RESIDENCE (IF IN MILES)		38. WERE LABORATORY TESTS DONE FOR TOXICS 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.												31. WAS OPERATION OR BODY PART PERFORMED FOR ANY CONDITION IN ITEMS 28 OR 30? (SPECIFY OPERATION, ANESTHESIA, BODY PART) none		32. WERE TESTS SPECIFIED? Yes		33. WERE TESTS SPECIFIED?		34. IF YES, WERE FINDINGS FOR DEATH IN DEPENDENT ON CAUSE OF DEATH? (SPECIFY YES OR NO)	

AMENDED
1 of 2DECEDENT PERSONAL DATA
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PLACE OF DEATH

USUAL RESIDENCE

PHYSICIAN'S OR CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND LOCAL REGISTRAR

MEDICAL AND HEALTH DATA
7
CAUSE OF DEATHINJURY INFORMATION
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STATE REGISTRAR

A 7 B X C 1 D 3 E 0361 F 4307