

71-096805

CERTIFICATE OF DEATH

7097-028208

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT
PERSONAL
DATA

8

1a. NAME OF DECEASED—FIRST NAME Walter		1b. MIDDLE NAME Franklin		1c. LAST NAME Judnich		2a. DATE OF DEATH—MONTH, DAY, YEAR July 10, 1971		2b. HOUR 10 P M	
3. SEX Male	4. COLOR OR RACE Cauc.	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California		6. DATE OF BIRTH 1/24/1916		7. AGE (LAST BIRTHDAY) 55 YEARS		IF UNDER 1 YEAR IF UNDER 24 HOURS	
8. NAME AND BIRTHPLACE OF FATHER Mathias Judnich Minn.				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Johanna Francis Jacklich Calif.					
10. CITIZEN OF WHAT COUNTRY USA		11. SOCIAL SECURITY NUMBER 572 05 0118		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Carol Mozley			
14. LAST OCCUPATION Classified worker		15. NUMBER OF YEARS IN THIS OCCUPATION 16		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Lockheed		17. KIND OF INDUSTRY OR BUSINESS Aircraft Co.			

PLACE
OF
DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Memorial Hospital of Glendale		18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) 1420 So. Central Ave		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes	
18d. CITY OR TOWN Glendale		18e. COUNTY Los Angeles		18f. LENGTH OF STAY IN COUNTY OF DEATH 23 YEARS	
				18g. LENGTH OF STAY IN CALIFORNIA Life YEARS	

USUAL
RESIDENCE
DEATH OCCURRED IN
INSTITUTION, ENTER
RESIDENCE BEFORE
ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1100 Hillcroft Road		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes		20. NAME AND MAILING ADDRESS OF INFORMANT Spouse	
19c. CITY OR TOWN Glendale		19d. COUNTY Los Angeles		19e. STATE California	
				Same as 19-a	

PHYSICIAN'S
OR CORONER'S
CERTIFICATION

21a. CORONER: 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.		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.		21c. PHYSICIAN OR CORONER (SIGNATURE AND OFFICE OR TITLE) [Signature] (Bogdon)		21d. DATE SIGNED 7-12-71	
21e. ADDRESS 540 No. Central Glendale		21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER A-24657					

FUNERAL
DIRECTOR
AND
LOCAL
REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Entombment		22b. DATE 7/15/71		23. NAME OF CEMETERY OR CREMATORY Grand View Memorial Park		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER [Signature] 3927	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Glendale Mortuary Inc.		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) No		27. LOCAL REGISTRAR—SIGNATURE [Signature]		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR JUL 12 1971	

CAUSE
OF
DEATH

29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Hepatic Failure		ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 wks	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A). STATING THE UNDERLYING CAUSE LAST.		(B) metastatic CA Colon		8 mo.	
		(C)			

INJURY
INFORMATION

13+1

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 30 OR 31? (SPECIFY OPERATION, BIOPSY OR BOTH) Operate		32a. AUTOPSY (SPECIFY YES OR NO) No		32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR 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	
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE. (IF IN MI) 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)							

STATE
REGISTRAR

A. 1	B. X	C. 2	D.	E. 15-38	F. 3007
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