

68-058508

## CERTIFICATE OF DEATH

7097-017716

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND TERRITORY							
NAME OF DECEASED - FIRST NAME		MIDDLE NAME		LAST NAME		2A. DATE OF DEATH - MONTH, DAY, YEAR		2B. HOUR	
JOHN		ALTON		BENTON		April 14, 1968		3:00 P.M.	
3. SEX	4. COLOR OR RACE	5. BIRTHPLACE	6. DATE OF BIRTH	7. AGE	8. YEARS	IF UNDER 1 YEAR		IF UNDER 24 HOURS	
MAL	CAUC	OKLAHOMA	MARCH 18, 1911	57					
NAME AND BIRTHPLACE OF FATHER				9. MAIDEN NAME AND BIRTHPLACE OF MOTHER					
JOHN WOOD TEXAS				UNKNOWN					
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARRIED - NEVER MARRIED - DIVORCED		14. NAME OF SURVIVING SPOUSE OR WIFE (FULL NAME, ADDRESS)			
USA		127-10-6451		MARRIED		MONETA RICHARDSON			
15. LAST OCCUPATION		16. NAME OF LAST EMPLOYING COMPANY OR FIRM		17. KIND OF INDUSTRY OR BUSINESS					
MOTEL MGR.		SOUTHERN MOTEL		MOTEL					
18. PLACE OF DEATH - NAME OF HOSPITAL OR OTHER INPATIENT FACILITY				19. STREET ADDRESS		20. STREET AND NUMBER OR LOCATION		21. INSIDE CITY CORPORATE LIMITS	
ST. FRANCIS HOSPITAL				3030 IMPERIAL HWY.				YES	
22. CITY OR TOWN		23. COUNTY		24. YEARS		25. YEARS		26. YEARS	
LYNWOOD		LOS ANGELES		12		1			
27. USUAL RESIDENCE - STREET ADDRESS				28. INSIDE CITY CORPORATE LIMITS		29. NAME AND MAILING ADDRESS OF INFORMANT			
9720 LONG BEACH BLVD.				YES		MONETA BENTON			
30. CITY OR TOWN		31. COUNTY		32. STATE		33. LONG BEACH BLVD.			
SOUTH GATE		LOS ANGELES		CALIF.					
34. PHYSICIAN				35. ADDRESS		36. DATE SIGNED			
Investigation				F. L. Huntley					
37. NAME OF CEMETERY OR CREMATORY		38. DATE		39. NAME OF CEMETERY OR CREMATORY		40. LOCAL REGISTRAR SIGNATURE		41. NUMBER	
PARK LAWN		4/16/68		PARK LAWN		James A. Slaughter 5561		42. MAY - 2 1968	
43. SOUTH GATE MORTUARY		44. YES		45. LOCAL REGISTRAR SIGNATURE		46. DATE		47. NUMBER	
				S. G. Huntley		MAY - 2 1968		48. NUMBER	
49. PART I - DEATH WAS CAUSED BY				50. ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C					
EXTENSIVE THERMAL BURNS									
51. DEATH AS A CONSEQUENCE OF				52. DEATH AS A CONSEQUENCE OF					
(A)				(B)					
(C)				(D)					
53. PART II - OTHER SIGNIFICANT CONDITIONS				54. YES		55. YES		56. YES	
57. SPECIFIC INJURY		58. TYPE OF INJURY		59. AT WORK		60. DATE OF INJURY		61. HOUR	
Accident		Motel		YES		4-4-68		2:42 P.M.	
62. PLACE OF INJURY - STREET AND NUMBER				63. CITY OR TOWN		64. COUNTY		65. STATE	
9720 Long Beach Blvd, South Gate				0		No		No	
66. DESCRIPTION OF INJURY				67. OTHER INFORMATION					
Explosion in Motel Room									
68. A		69. B		70. C		71. D		72. E	
								5356	