STATE FILE NUMBER 66-131364

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 7097-044397

DECEDENT PERSONAL DATA

7052

5467

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Rex	Rolston	Cecil	October 23, 1966	6:50 P M

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Male	White	Oklahoma	October 8, 1917	49 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER	10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER
Joe Cecil - Arkansas	Leanna Darvin - Missouri	U. S. A.	544 01 90 98

12. LAST OCCUPATION	13. NUMBER OF YEARS IN THIS OCCUPATION	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE)	15. KIND OF INDUSTRY OR BUSINESS
Roofer	10	Decker Roofing Co.	Construction

16. IF DECEASED WAS EVER IN U.S. ARMED FORCES GIVE WAR OR DATES OF SERVICE	17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	18a. NAME OF PRESENT SPOUSE	18b. PRESENT OR LAST OCCUPATION OF SPOUSE
WW II	Divorced	----	----

PLACE OF DEATH

19a. PLACE OF DEATH—NAME OF HOSPITAL	19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS.)	19c. CITY OR TOWN	19d. COUNTY	19e. LENGTH OF STAY IN COUNTY OF DEATH	19f. LENGTH OF STAY IN CALIFORNIA
Veterans Administration Hospital	5901 E. 7th St., ☐ INSIDE CITY CORPORATE LIMITS ☒ OUTSIDE CITY CORPORATE LIMITS	Long Beach Rural	Los Angeles	41 YEARS	41 YEARS

LAST USUAL RESIDENCE (WHERE DID DECEASED LIVE—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS.)	20b. IF INSIDE CITY CORPORATE LIMITS, CHECK HERE ☒ / IF OUTSIDE CITY CORPORATE LIMITS, CHECK ONE: ☐ ON A FARM ☐ NOT ON A FARM	21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)
904 Ohio Ave.,		Records - VA Hospital

20c. CITY OR TOWN	20d. COUNTY	20e. STATE	21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEDENT)
Long Beach	Los Angeles	California	5901 E. 7th St., Long Beach, Calif.

PHYSICIAN'S OR CORONER'S CERTIFICATION

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 10-22-66 TO 10-23-66 AND THAT I LAST SAW THE DECEASED ALIVE ON 10-23-66

22c. PHYSICIAN OR CORONER—SIGNATURE: Angelo S. Dagradi — DEGREE OR TITLE: M.D.

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 AND _____ ON THE REMAINS OF DECEASED AS REQUIRED BY LAW

22d. ADDRESS: ANGELO DAGRADI, M.D. VA Hosp., Long Beach, Calif. — 22f. DATE SIGNED: 10 25 66

FUNERAL DIRECTOR AND LOCAL REGISTRAR

23. SPECIFY BURIAL, CREMATION, REMOVAL, OTHER	24. DATE	25. NAME OF CEMETERY OR CREMATORY	26. EMBALMER—SIGNATURE (IF BODY EMBALMED)	LICENSE NUMBER
Burial	10 27 66	Westminster Memorial Park, Westminster, Calif.		

27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR	29. LOCAL REGISTRAR—SIGNATURE
Dilday Mortuary	OCT 27 1966	Gilbert Bredenkamp M.D.

MEDICAL AND HEALTH DATA

5810

CAUSE OF DEATH

30. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

PART I. DEATH WAS CAUSED BY:

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		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (A)	Hepatic failure, clinical	Days
CONDITIONS IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST — DUE TO (B)	Nutritional cirrhosis	Years
DUE TO (C)	Passive conjestion of lungs	Days

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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

Ascitis, bilateral pleural effusion

OPERATION AND AUTOPSY

31. OPERATION—CHECK ONE	32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE
☒ NO OPERATION PERFORMED ☐ OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		☐ NO AUTOPSY PERFORMED ☒ AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH ☐ AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH

INJURY INFORMATION

34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34b. DESCRIBE HOW INJURY Ooccurred (INCLUDE MEANS OF ESCAPE WHICH RESULTED IN INJURY. MEANS OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM 30.)

35a. TIME OF INJURY: HOUR / MONTH / DAY / YEAR	35b. INJURY OCCURRED: ☐ WHILE AT WORK ☐ NOT WHILE AT WORK	35c. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.)	35d. CITY, TOWN, OR LOCATION / COUNTY / STATE

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