

STATE

FILE

NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION

DISTRICT AND

CERTIFICATE NUMBER

7053

21283

DECEDENT
PERSONAL
DATA

1A. NAME OF DECEASED—FIRST NAME Thomas		1B. MIDDLE NAME		1C. LAST NAME HUGHES		2A. DATE OF DEATH—MONTH DAY YEAR November 1, 1961		2B. HOUR 5:30 P.M.	
3. SEX Male	4. COLOR OR RACE White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Colorado		6. DATE OF BIRTH 1-18-84		7. AGE (LAST BIRTHDAY) 77 YEARS		IF UNDER 1 YEAR IF UNDER 14 MONTHS	
8. NAME AND BIRTHPLACE OF FATHER Richard Hughes, Wales			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Keziah Jones, Wales			10. CITIZEN OF WHAT COUNTRY United States		11. SOCIAL SECURITY NUMBER 555-21-1287	
12. LAST OCCUPATION Shipping Clerk		13. NUMBER OF YEARS IN THIS OCCUPATION 4		14. NAME OF LAST EMPLOYING COMPANY OR FIRM Foreman Clark		15. KIND OF INDUSTRY OR BUSINESS Retail Clothing			
16. IF RELEASED WAS EVER IN U. S. ARMED FORCES GIVE WAR OR DATES OF SERVICE No		17. SPECIFY MARRIED NEVER MARRIED WIDOWED DIVORCED Married		18A. NAME OF PRESENT SPOUSE Esther Wilson Hughes		18B. PRESENT OR LAST OCCUPATION OF SPOUSE Housewife			

PLACE
OF
DEATH

19A. PLACE OF DEATH—NAME OF HOSPITAL Olive View Hospital		19B. STREET ADDRESS—GIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS 14701 Foothill Boulevard					
19C. CITY OR TOWN Olive View (Los Angeles)		19D. COUNTY Los Angeles		19E. LENGTH OF STAY IN COUNTY OF DEATH 12 YEARS		19F. LENGTH OF STAY IN CALIFORNIA 42 YEARS	

LAST USUAL
RESIDENCE

(WHERE THE DECEASED LIVED—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

20A. LAST USUAL RESIDENCE—STREET ADDRESS—LIVE STREET OR RURAL ADDRESS OR LOCATION DO NOT USE P. O. BOX NUMBERS 4522 Maplewood Avenue		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 STAFF <input type="checkbox"/> NOT ON STAFF		21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE) — — —	
20C. CITY OR TOWN Los Angeles		20D. COUNTY Los Angeles		20E. STATE California		21B. ADDRESS OF INFORMANT — — —	

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 10-26-61 TO 11-1-61 AND THAT I LAST SAW THE DECEASED ALIVE ON 11-1-61		22C. PHYSICIAN OR CORONER—SIGNATURE Wm. Huse, M.D.		DEGREE OR TITLE	
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 INTERVIEW WITH THE NEXT OF KIN ON THE REMAINS OF DECEASED AS REQUIRED BY LAW		22D. ADDRESS (Wm. Huse, M.D.) Olive View, California		22E. DATE SIGNED 11-7-61	

FUNERAL
DIRECTOR
AND
LOCAL
REGISTRAR

23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial		24. DATE 11-1-61		25. NAME OF CEMETERY OR CREMATORY Forest Lawn Memorial-Park		26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER Louis S. Nelson 4636	
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) FOREST LAWN MEMORIAL-PARK ASSN. GLENDALE, CALIFORNIA		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR NOV 4 1961		29. LOCAL REGISTRAR—SIGNATURE George H. Hill, M.D.			

CAUSE
OF
DEATH

30. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Left Lower Lobe Pneumonia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
CONDITIONS IF ANY WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST DUE TO (B) Severe Pulmonary Emphysema		10 yrs	
DUE TO (C) Pulmonary Tuberculosis, Far Advanced, activity undetermined, 11 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) / probably inactive Carcinoma of Prostate			

OPERATION
AND AUTOPSY

31. OPERATION—CHECK ONE <input type="checkbox"/> NO OPERATION PERFORMED <input type="checkbox"/> OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH <input type="checkbox"/> OPERATION PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE <input checked="" type="checkbox"/> NO AUTOPSY PERFORMED <input type="checkbox"/> AUTOPSY PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH <input type="checkbox"/> AUTOPSY PERFORMED—FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	
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INJURY
INFORMATION

34A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34B. DESCRIBE HOW INJURY OCCURRED					
35A. TIME OF INJURY HOUR MONTH DAY YEAR		35C. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)		35D. CITY, TOWN, OR LOCATION		COUNTY STATE	
35B. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK							