

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

<b>DECEDENT PERSONAL DATA</b>	1A. NAME OF DECEDENT—FIRST <b>Harry</b>			1B. MIDDLE <b>Charles</b>		1C. LAST <b>Underwood</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>June 19, 1985</b>		2B. HOUR <b>0015</b>			
	3. SEX <b>Male</b>		4. RACE/ETHNICITY <b>Cauc.</b>		5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/>		6. DATE OF BIRTH <b>June 7, 1896</b>		7. AGE <b>89</b> YEARS		IF UNDER 1 YEAR MONTHS IF UNDER 24 HOURS DAYS IF UNDER 24 HOURS HOURS IF UNDER 24 HOURS MINUTES		
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>New York</b>			9. NAME AND BIRTHPLACE OF FATHER <b>George F. Underwood- New York</b>						10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Hattie Beaujean- New York</b>			
	11A. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE. <b>19__ TO 19__</b>		12. SOCIAL SECURITY NUMBER <b>564-26-8808-A</b>		13. MARITAL STATUS <b>Married</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Mary Rider</b>				
	15. PRIMARY OCCUPATION <b>Teacher</b>			16. NUMBER OF YEARS THIS OCCUPATION <b>40</b>		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Board of Education</b>			18. KIND OF INDUSTRY OR BUSINESS <b>Education</b>				
	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1344 N. Ogden Dr.</b>					19B. <b>Los Angeles</b>		19C. CITY OR TOWN <b>Los Angeles</b>					
<b>USUAL RESIDENCE</b>				19D. COUNTY <b>Los Angeles</b>			19E. STATE <b>Calif</b>		<b>Pre-Arranged.</b>				
				21A. PLACE OF DEATH <b>Hollywood West Hospital</b>		21B. COUNTY <b>Los Angeles</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
				21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1233 N. La Brea Avenue</b>		21D. CITY OR TOWN <b>Hollywood</b>							
<b>PLACE OF DEATH</b>		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE						<b>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</b>		24. WAS DEATH REPORTED TO CORONER? <b>NO</b>			
		CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE.		(A) <b>SEPSIS</b>		← <b>24 hrs</b>				25. WAS BIOPSY PERFORMED? <b>NO</b>			
		STATING THE UNDERLYING CAUSE LAST.		(B) <b>Gangrene</b>		← <b>48 hrs</b>				26. WAS AUTOPSY PERFORMED? <b>NO</b>			
				(C) <b>Diabetic Vascular Disease</b>		←							
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A <b>Arteriosclerotic heart disease, Renal</b>						27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>NO</b>							
<b>PHYSICIAN'S CERTIFICATION</b>		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) <b>Nov 10, 1946</b>   I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) <b>June 18, 1985</b>				28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <b>Fred G. Horowitz M.D.</b>		28C. DATE SIGNED <b>6-20-85</b>		28D. PHYSICIAN'S LICENSE NUMBER <b>927304</b>			
		28E. TYPE PHYSICIAN'S NAME AND ADDRESS <b>Fred G. Horowitz M.D. 6261 Delongpre L.A 90028</b>											
<b>INJURY INFORMATION</b>		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR			
		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
<b>CORONER'S USE ONLY</b>		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST- INVESTIGATION)						35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED			
		36. DISPOSITION <b>Cremation</b>		37. DATE—MONTH, DAY, YEAR <b>6-21-85</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Compton Ca. Angeles Abbey Crem, 1515 E. Compton Bl</b>			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>Not Embalmed.</b>				
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>The Neptune Society</b>			40B. LICENSE NO. <b>#F-1289</b>		41. LOCAL REGISTRAR—SIGNATURE <b>Robert M. ...</b>			42. DATE ACCEPTED BY LOCAL REGISTRAR <b>JUN 21 1985</b>					
<b>STATE REGISTRAR</b>		A.		B.		C.		D.		E.		F.	