

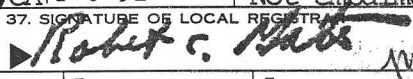


# CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER								
DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MARY</b>		1B. MIDDLE <b>RIDER</b>		1C. LAST (FAMILY) <b>UNDERWOOD</b>		2A. DATE OF DEATH—MO. DAY, YR. <b>December 29, 1991</b>		2B. HOUR <b>1025</b>	3. SEX <b>F</b>	
	4. RACE <b>Caucasian</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. <b>February 26, 1900</b>		7. AGE IN YEARS <b>91</b>	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HOURS HOURS	IF UNDER 24 HOURS MINUTES
	8. STATE OF BIRTH <b>NY</b>	9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10A. FULL NAME OF FATHER <b>Burton L. Rider</b>			10B. STATE OF BIRTH <b>NY</b>	11A. FULL MAIDEN NAME OF MOTHER <b>Laura Goodier</b>			11B. STATE OF BIRTH <b>NY</b>	
	12. MILITARY SERVICE? <b>19 ___ TO 19 ___</b> <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. <b>564-26-8809</b>		14. MARITAL STATUS <b>Widow</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>none</b>				
	16A. USUAL OCCUPATION <b>Homemaker</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		16C. USUAL EMPLOYER <b>Self-employed</b>		16D. YEARS IN OCCUPATION <b>60</b>	17. EDUCATION—YEARS COMPLETED <b>14</b>			
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>1055 N. Kingsley Drive</b>						18B. CITY <b>Los Angeles</b>		18C. ZIP CODE <b>90029</b>		
	18D. COUNTY <b>Los Angeles</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>66</b>		18F. STATE OR FOREIGN COUNTRY <b>CA</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>George B. Underwood - Son 1414 N. Genesee Ave. Los Angeles, CA 90046</b>				
PLACE OF DEATH	19A. PLACE OF DEATH <b>Kingsley Manor Ret. Home Res. Ind. Living Facility</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>-----</b>		19C. COUNTY <b>Los Angeles</b>						
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>1055 N. Kingsley Dr.</b>				19E. CITY <b>Los Angeles</b>		TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <b>91-55866</b> <input checked="" type="checkbox"/> NO			
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)										
	IMMEDIATE CAUSE (A)		<b>CARDIOPULMONARY ARREST</b>				<b>MINS.</b>		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO (B)		<b>CORONARY ARTERY DISEASE</b>				<b>YRS.</b>		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO (C)								24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>RECURRENT ARRHYTHMIA</b>						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>					
PHYSICIAN'S CERTIFICA- TION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER 		27C. CERTIFIER'S LICENSE NUMBER <b>20A4870</b>		27D. DATE SIGNED <b>1-2-92</b>			
	27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR <b>7-1-83</b>		DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR <b>11-29-1991</b>		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>DR. THOMAS HOROWITZ DO 201 S. ALVARADO LOS ANGELES, CA</b>						
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER 			28B. DATE SIGNED				
	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined			30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)					33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S) <b>CR/Sea</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Pac. Ocean 3 mi. off San Pedro, CA</b>			34C. DATE MO. DAY, YEAR <b>1-6-92</b>		35A. SIGNATURE OF EMBALMER <b>Not embalmed</b>		35B. LICENSE NUMBER <b>none</b>	
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Neptune Society</b>			36B. LICENSE NO. <b>FD-1289</b>		37. SIGNATURE OF LOCAL REGISTRAR 			38. REGISTRATION DATE <b>JAN 6 - 1992</b>		
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT				