

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3-86-30-010895

STATE FILE NUMBER			STATE OF CALIFORNIA			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
Ruby		L.		Denaple		November 4, 1986		1120	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH		7. AGE	IF UNDER 1 YEAR	IF UNDER 24 HOURS	IF UNDER 24 HOURS	
Female	White	<input checked="" type="checkbox"/> NO	September 18, 1890		96	YEARS	MONTHS	DAYS	
8. BIRTH-PLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER			10. BIRTH NAME AND BIRTH-PLACE OF MOTHER				
OH		Albert Beckenbach - OH			Lillie Winzer - OH				
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)				
U.S.A.	19 N/A TO 19 N/A	552-21-6053	Widowed		-----				
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS					
Homemaker	Adult Life	Self-Employed		Own Home					
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.	19C. CITY OR TOWN				
1925 East Stearns					Orange				
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
Orange		California		Lois Underwood - Daughter					
21A. PLACE OF DEATH		21B. COUNTY		14281 Olive Tree Circle					
Fountain Conv. Hospital		Orange		Tustin, California (92680)					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN							
1835 W. La Veta		Orange							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)									
IMMEDIATE CAUSE		(A) LEFT CEREBRAL INFARCT		2 WEEKS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		24. WAS DEATH REPORTED TO CORONER?		
CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE.		DUE TO, OR AS A CONSEQUENCE OF		CEREBROVASCULAR		25. WAS BIOPSY PERFORMED?		NO	
STATING THE UNDERLYING CAUSE LAST.		(B) ATHEROSCLEROTIC HEART DISEASE		1 YRS.			26. WAS AUTOPSY PERFORMED?		
		DUE TO, OR AS A CONSEQUENCE OF						NO	
		(C)							
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION					
ATHEROSCLEROTIC HEART DISEASE				NO					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER			
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)			CHARLES T. LEVITAN, M.D.		11-5-86	625942			
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)			28E. TYPE PHYSICIAN'S NAME AND ADDRESS						
9/28/81			11/4/86		CHARLES T. LEVITAN, M.D., 729 E. Chapman Ave., Orange, CA				
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)					
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-INVIGATION)				35B. CORONER—SIGNATURE AND DEGREE OR TITLE			35C. DATE SIGNED		
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY			39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		
Entombment		Nov. 6, 1986		Vlahalla Memorial Park, N. Hollywood, CA			5892 <i>Marion R. Arther</i>		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR			
SHANNON-DONEGAN CHAPEL		663		<i>P. P. Shroy, M.D.</i>		ad Nov. 5, 1986			
STATE REGISTRAR	A.	B.	C.	D.	E.	F.			

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee: \$5.00

No Fee Veterans Purposes

Date: NOV 7 - 1986

P. P. Shroy, M.D.
L. Rex Building, Bldg.

Santa Ana, California

Health Officer and Local Registrar of Births and Deaths of Orange County