

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

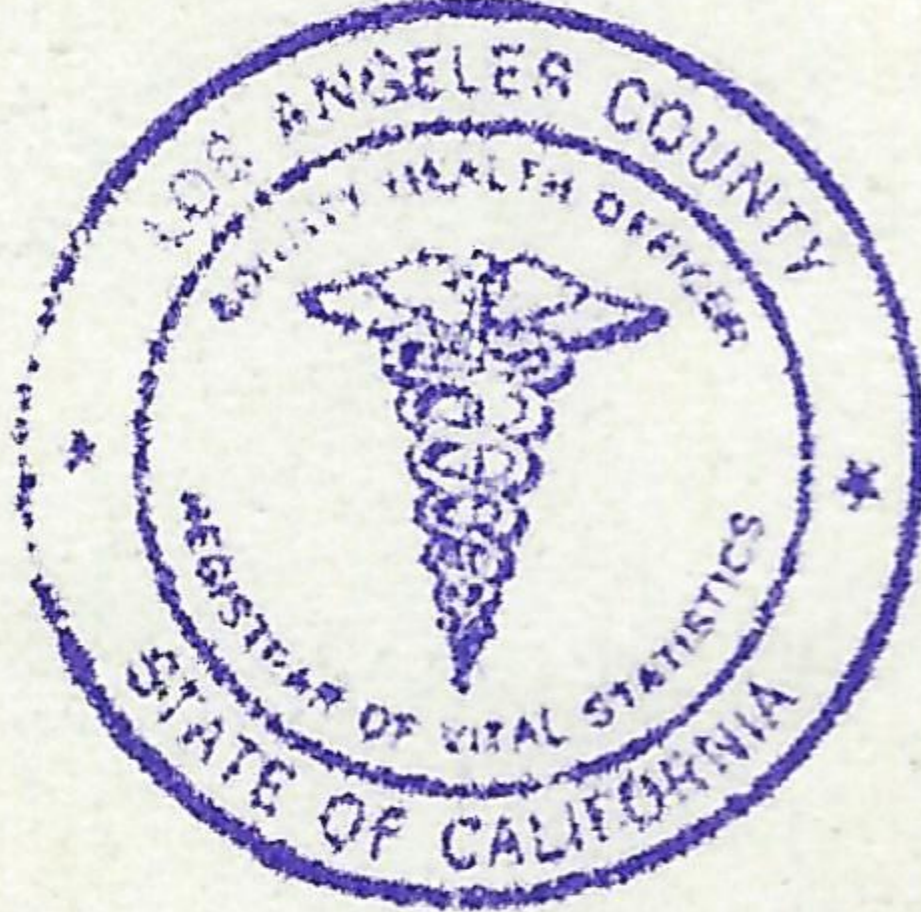
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEASED—FIRST NAME <b>Richard</b>		1B. MIDDLE NAME <b>Werner</b>		1C. LAST NAME <b>Denaple Sr</b>		2A. DATE OF DEATH—MONTH, DAY, YEAR <b>March 30, 1968</b>		2B. HOUR <b>7:05 P</b> <small>M</small>				
	3. SEX <b>male</b>	4. COLOR OR RACE <b>cauc</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Ohio</b>		6. DATE OF BIRTH <b>Feb 7, 1891</b>		7. AGE (LAST BIRTHDAY) <b>77</b> <small>YEARS</small>		IF UNDER 1 YEAR <small>MONTHS      DAYS</small>		IF UNDER 24 HOURS <small>HOURS      MINUTES</small>		
	8. NAME AND BIRTHPLACE OF FATHER <b>Charles Denaple— Ohio</b>					9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Mary Hunsaker— Pa.</b>							
	10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			11. SOCIAL SECURITY NUMBER <b>563-23-4934</b>		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>married</b>		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Ruby L Beckenbach</b>					
	14. LAST OCCUPATION <b>Banker</b>		15. NUMBER OF YEARS IN THIS OCCUPATION <b>25</b>	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>North Hollywood Federal</b>			17. KIND OF INDUSTRY OR BUSINESS <b>Bank</b>						
PLACE OF DEATH	18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>St Joseph Hospital</b>				18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) <b>501 S Buena Vista</b>				18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)				
	18D. CITY OR TOWN <b>Burbank</b>				18E. COUNTY <b>Los Angeles</b>		18F. LENGTH OF STAY IN COUNTY OF DEATH <b>39</b> <small>YEARS</small>		18G. LENGTH OF STAY IN CALIFORNIA <b>39</b> <small>YEARS</small>				
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>11023 Kling St.</b>				19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>yes</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>Ruby L Denaple</b>						
	19C. CITY OR TOWN <b>North Hollywood</b>		19D. COUNTY <b>Los Angeles</b>		19E. STATE <b>Calif</b>		same						
PHYSICIAN'S OR CORONER'S CERTIFICATION	21A. 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 ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.  <small>(INVESTIGATION OR INQUEST)</small>		21B. 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.  <small>FROM      TO      AND</small> <small>ENTER MONTH, DAY, YEAR      ENTER MONTH, DAY, YEAR      I LAST SAW THE DECEASED ALIVE ON</small> <small>ENTER MONTH, DAY, YEAR      ENTER MONTH, DAY, YEAR</small> <b>9 Jan 68      30 Mar 68      30 Mar 68</b>		21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE <b>Alameda J. ... MD</b>			21D. DATE SIGNED <b>10 Apr 68</b>		21E. ADDRESS <b>22719 ...</b>		21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER <b>16945</b>	
	22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>burial</b>		22B. DATE <b>4-2-68</b>	23. NAME OF CEMETERY OR CREMATORY <b>Valhalla Mausoleum</b>			24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <b>Andrew P. Smith 5429</b>			28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>APR 1 1968</b>			
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Pierce Bros Valhalla</b>		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) <b>no</b>		27. LOCAL REGISTRAR—SIGNATURE <b>G. A. Heidbreder MD</b>									
MEDICAL AND HEALTH DATA	29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C												
	CAUSE OF DEATH	IMMEDIATE CAUSE (A) <b>Multiple Pulmonary Emboli</b>		DUE TO, OR AS A CONSEQUENCE OF									
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.		(B)											
		(C)											
30. PART II: OTHER SIGNIFICANT CONDITIONS— CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I <b>Acute arthritis</b>													
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE			34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.)			35. INJURY AT WORK (SPECIFY YES OR NO)		36A. DATE OF INJURY— MONTH, DAY, YEAR		36B. HOUR		
	37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)					37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19. MILES		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)			
	40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)												
STATE REGISTRAR	A.		B.		C.		D.		E.		F. <b>1254</b>		

REV. 1-1-68 Form VS-11

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE LOS ANGELES COUNTY HEALTH DEPARTMENT IF IT BEARS THE SEAL IMPRINTED IN PURPLE INK.



**APR 3 1968**

**FEE \$2.00**

*G. A. Heidbreder MD*

G. A. Heidbreder, M.D., M.P.H., Health Officer and Registrar