STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

STATE FILE NO. 55-057206

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. 7053 REGISTRAR'S NUMBER 12918

4201

DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
CORA	ADELLA	ABBEY	JULY 21, 1955	10:40P M

3. SEX	4. COLOR OR RACE	5. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES
Female	Caucasian	Widowed	September 30, 1866	88 YEARS		

8a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	8b. KIND OF BUSINESS OR INDUSTRY	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	10. CITIZEN OF WHAT COUNTRY
Homemaker	Own Home	Wisconsin	U.S.A.

11. NAME AND BIRTHPLACE OF FATHER	12. MAIDEN NAME AND BIRTHPLACE OF MOTHER	13. NAME OF PRESENT SPOUSE (IF MARRIED)
Samuel Armstrong - New York	Delilah Jones - Unknown	

14. WAS DECEASED EVER IN U. S. ARMED FORCES? (SPECIFY YES, NO, UNKNOWN)	IF YES, GIVE WAR OR DATES OF SERVICE	15. SOCIAL SECURITY NUMBER	16. INFORMANT
No		None	Helen M. Sovereign

PLACE OF DEATH

17a. COUNTY	17b. CITY OR TOWN	17c. LENGTH OF STAY IN THIS CITY OR TOWN
Los Angeles	Los Angeles ☐ OUTSIDE CORPO RATE LIMITS ☒ INSIDE CORPO RATE LIMITS	4 years

17d. FULL NAME OF HOSPITAL OR INSTITUTION	17e. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS)
	1209 Lake Street

LAST USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION)

18a. STATE	18b. COUNTY	18c. CITY OR TOWN	18d. STREET OR RURAL ADDRESS (DO NOT USE P. O. BOX NUMBERS)
California	Los Angeles	Los Angeles ☐ OUTSIDE CORPO RATE LIMITS ☒ INSIDE CORPO RATE LIMITS	1209 Lake Street

PHYSICIAN'S OR CORONER'S CERTIFICATION

19a. 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 INVESTIGATION AND HAVE ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.

19b. 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 July 21 - 1953 AND THAT I LAST SAW THE DECEASED ALIVE ON July 21-1955

19c. SIGNATURE AND DEGREE OR TITLE	19d. ADDRESS	19e. DATE SIGNED
▶ Alexander Meyer M.D.	845 Crenshaw Blvd	July 22-1955

FUNERAL DIRECTOR AND REGISTRAR

20a. SPECIFY BURIAL, CREMATION OR REMOVAL	20b. DATE	20c. CEMETERY OR CREMATORY	21. SIGNATURE OF EMBALMER (IF NOT EMBALMED)	LICENSE NUMBER
Burial	7/26/55	Forest Lawn Memorial-Park	Richard B Ducker	2849

22. FUNERAL DIRECTOR	23. DATE RECEIVED BY LOCAL REGISTRAR	24. SIGNATURE OF LOCAL REGISTRAR
FOREST LAWN MEMORIAL-PARK ASS'N., INC. GLENDALE, CALIFORNIA	JUL 26 1955	▶ George H. Wahl, M.D.

MEDICAL AND HEALTH DATA

CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH.

	25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a)	Acute circulatory Failure	
ANTECEDENT CAUSES MORBID CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO:	Coronary Thrombosis	
(c) DUE TO:	Decompensation of Compensated Heart	
	Arteriosclerosis	

OTHER SIGNIFICANT CONDITIONS — 26. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

OPERATIONS	27a. DATE OF OPERATION	27b. MAJOR FINDINGS OF OPERATION	28. AUTOPSY
			☐ YES ☒ NO

DEATH DUE TO EXTERNAL VIOLENCE CMF

29a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	29b. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BUILDING)	29c. LOCATION CITY OR TOWN COUNTY STATE

29d. TIME OF INJURY MONTH DAY YEAR HOUR	29e. INJURY OCCURRED ☐ WHILE AT WORK ☐ NOT WHILE AT WORK	29f. HOW DID INJURY OCCUR?

REV. 1-1-52 FORM PHS 11

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This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

S. Kimberly Belshé, Director and State Registrar of Vital Records

by: Peter Abbott M.D.P.H.

GEORGE B. (PETER) ABBOTT, JR., M.D., M.P.H., CHIEF
ACTING STATE REGISTRAR

98 JUN 25 PM 3:03

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

DEPARTMENT OF HEALTH SERVICES

THE WESTERN BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE