

0-098024

CERTIFICATE OF DEATH

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

3000

D 58 2549

DECEDENT PERSONAL DATA

8164
3008
PLACE OF DEATH

LAST USUAL RESIDENCE

PHYSICIAN'S OR CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND LOCAL REGISTRAR

CAUSE OF DEATH

OPERATION AND AUTOPSY

INJURY INFORMATION

1a. NAME OF DECEASED—FIRST NAME IONAS			1b. MIDDLE NAME ARTHUR			1c. LAST NAME BERRY			2a. DATE OF DEATH—MONTH DAY YEAR September 27, 1958			2b. HOUR 7:20 A					
3. SEX Male		4. COLOR OR RACE Cauc.		5. BIRTHPLACE (STATE OR TERRITORY, COUNTRY) Arkansas		6. DATE OF BIRTH December 16, 1904			7. AGE (LAST BIRTHDAY) 53 YEARS			8. IF UNDER 1 YEAR NEONATE		9. IF UNDER 24 HOURS NEONATE			
8. NAME AND BIRTHPLACE OF FATHER Jonah Berry - Texas						9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Lydia Hudson - Arkansas						10. CITIZEN OF WHAT COUNTRY U.S.A.			11. SOCIAL SECURITY NUMBER 430-05-7200		
12. LAST OCCUPATION Calendar man				13. NUMBER OF YEARS IN THIS OCCUPATION 5		14. NAME OF LAST EMPLOYING COMPANY OR FIRM Kirk - Hill Rubber Co.				15. KIND OF INDUSTRY OR BUSINESS Rubber Co.							
16. IF DECEASED WAS EVER IN U.S. ARMED FORCES (GIVE BRANCH OR SERVICE) No				17. SPECIFY MARRIED NEVER MARRIED (CHECKED DIVORCED) Married				18a. NAME OF PRESENT SPOUSE Mrs. Halleen R. Berry			18b. PRESENT OR LAST OCCUPATION OF SPOUSE Teacher						
19a. PLACE OF DEATH—NAME OF HOSPITAL Anaheim Memorial Hospital						19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS!) 1111 Las Palmas						19c. CITY OR TOWN Anaheim			19d. COUNTY Orange		
19e. LENGTH OF STAY IN COUNTY OF DEATH 5 YEARS						19f. LENGTH OF STAY IN CALIFORNIA 5 YEARS						21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE)					
20a. IF INSIDE CITY CORPORATE LIMITS (CHECK ONE) <input checked="" type="checkbox"/> HERE <input type="checkbox"/> NOT ON A PARK						20b. IF OUTSIDE CITY CORPORATE LIMITS (CHECK ONE) <input type="checkbox"/> IN A TOWN <input type="checkbox"/> NOT ON A PARK						21a. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST OFFICIAL RESIDENCE OF DECEASED)					
20c. CITY OR TOWN Fullerton						20d. COUNTY Orange						20e. STATE California					
22a. 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:						22c. SIGNATURE OF PHYSICIAN By: F.G. Hanson						22b. ADDRESS Santa Ana, California			22d. DATE SIGNED 27 Sept. 1958		
22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD INVESTIGATION						22c. SIGNATURE OF PHYSICIAN F.G. Hanson						22b. ADDRESS Santa Ana, California			22d. DATE SIGNED 27 Sept. 1958		
23. MANNER OF DEATH Burial		24. DATE 9-28-58		25. NAME OF CEMETERY OR CREMATOR Huntsville, Arkansas Huntsville Cemetery				26. ENBALMER—SIGNATURE (IF BODY ENBALMED) LICENSE NUMBER Walter B. Van Hook 4513									
27. NAME OF FUNERAL DIRECTOR (SEE PREVIOUS SETTING AS SUCH) McAnay & Sutton, Fullerton				28. DATE ACCEPTED FOR REGISTRATION SEP 30 1958				29. LOCAL Orange									
30. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: Skull fracture with cerebral edema IMMEDIATE CAUSE (a) DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I: (a)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
31. OPERATION—CHECK ONE <input type="checkbox"/> NO OPERATION PERFORMED <input checked="" type="checkbox"/> OPERATION PERFORMED—TYPING AND STAMPING FACTORS OF ORGAN				32. DATE OF OPERATION 9-25-58				33. AUTOPSY—CHECK ONE <input checked="" type="checkbox"/> NO AUTOPSY PERFORMED <input type="checkbox"/> AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING CAUSE OF DEATH									
34a. SPECIFIC ACCIDENT, SUICIDE OR HOMICIDE Accident				34b. DESCRIBE HOW INJURY OCCURRED Driver of automobile in collision with another automobile													
35a. TIME OF INJURY 9:45 P 9 25 1958				35b. PLACE OF INJURY Highway				35c. CITY, TOWN, OR LOCATION Anaheim				35d. COUNTY Orange			35e. STATE California		

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