STATE FILE NO. 55-064668

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. 7053 REGISTRAR'S NO. 13870

DECEDENT PERSONAL DATA (TYPE OR PRINT)

1a. NAME OF DECEASED — FIRST	1b. MIDDLE	1c. LAST	2a. DATE OF DEATH	2b. TIME
LEO	HARVEY	COTTER	AUGUST 6, 1955	7:30A

3. SEX	4. COLOR OR RACE	5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	6. DATE OF BIRTH	7. AGE — LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Male	Caucasian	Married	May 22, 1900	55 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
Proprietor	Apartment House	Missouri	U.S.A.

11. NAME AND BIRTHPLACE OF FATHER	12. MAIDEN NAME AND BIRTHPLACE OF MOTHER	13. NAME OF FORMER SPOUSE, IF WIDOW OR DIVORCED
James Cotter - Missouri	Welthy Rutherford-Missouri	Rose E. Cotter

14. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)	IF YES, GIVE WAR OR DATES OF SERVICE	15. SOCIAL SECURITY NUMBER	16. INFORMANT
Yes	WW I	530-07-3371	Rose E. Cotter

5610

PLACE OF DEATH

17a. COUNTY	17b. CITY OR TOWN (OUTSIDE CORPORATE LIMITS — WRITE RURAL)	17c. LENGTH OF STAY IN THIS CITY OR TOWN
Los Angeles	LosAngeles	20 years

17d. FULL NAME OF HOSPITAL OR INSTITUTION	17e. ADDRESS (STREET NUMBER, OR RURAL ROUTE NUMBER)
Doctors Hospital	325 West Jefferson

USUAL RESIDENCE (WHERE DECEASED LIVED — IF INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

18a. STATE	18b. COUNTY	18c. CITY OR TOWN (OUTSIDE CORPORATE LIMITS — WRITE RURAL)	18d. STREET OR RURAL ADDRESS (DO NOT USE P.O. BOX NUMBER)
California	Los Angeles	Los Angeles	3012 South Figueroa Street

PHYSICIAN'S OR CORONER'S CERTIFICATION

19a. CORONER (SIGNATURE OF CORONER THAT DEATH OCCURRED AT TIME, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION OF THE FACTS RELATING TO THE DEATH OF DECEASED AS REQUIRED BY LAW)	19b. PHYSICIAN (I HOLD A VALID CERTIFICATE AND THAT I ATTENDED THE DECEASED FROM Sept. 6, 1955 TO Aug. 6, 1955 AND THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED ABOVE)	
19c. SIGNATURE, DEGREE OR TITLE ▶ John Stuart Fried, M.D.	19d. ADDRESS (STREET NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE) 721 W. Olympic Blvd. Los Angeles 6, Calif.	19e. DATE SIGNED Aug. 6 1955

FUNERAL DIRECTOR AND REGISTRAR

20a. SPECIFY BURIAL, CREMATION OR REMOVAL	20b. DATE	20c. CEMETERY OR CREMATORY	21. SIGNATURE OF EMBALMER
Burial	8/10/55	Forest Lawn Memorial-Park	

22. FUNERAL DIRECTOR	23. DATE RECEIVED BY LOCAL REGISTRAR	24. SIGNATURE OF LOCAL REGISTRAR
FOREST LAWN MEMORIAL-PARK ASSN., INC. GLENDALE, CALIFORNIA	AUG 10 1955	▶

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, ASPHYXIA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH

25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) - terminal ileus, peritonitis — 24 hrs. approximate

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

DUE TO (b) gangrenous ileum — 5 days interval

DUE TO (c) Strangulated right inguinal hernia — 7 days onset and death

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	27c. AUTOPSY
		☐ YES ☐ NO

DEATH DUE TO EXTERNAL VIOLENCE

28a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	28b. PLACE OF INJURY (E.G., FACTORY, STREET, OFFICE BUILDING, ETC.)	28c. LOCATION (CITY OR TOWN) (COUNTY) (STATE)

29a. TIME OF INJURY (MONTH, DAY, YEAR, HOUR)	29b. INJURY OCCURRED ☐ WHILE AT WORK ☐ NOT WHILE AT WORK	29c. HOW DID INJURY OCCUR?