

STATE

FILE

TOWNSHIP

65-104347

CERTIFICATE OF DEATH

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION

DISTRICT AND

7053

35743

LETHAWARE NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEASED—FIRST NAME ROBERT	2. SINGLE NAME JOSEPH	3. LAST NAME HOOVER	24. DATE OF DEATH SEPTEMBER 2, 1965	25. HOUR 11:00 A.M.	
	3. SEX Male	4. COLOR OR RACE White	5. BIRTHPLACE California	6. DATE OF BIRTH April 15, 1915	7. AGE AT DEATH 50	
	8. NAME AND BIRTHPLACE OF FATHER Robert J. Hoover, Texas	9. M maiden name and BIRTHPLACE OF MOTHER Estelle G. Eli, Missouri	10. CITIZENSHIP OF DECEASED U.S.A.	11. SOCIAL SECURITY NUMBER Unknown		
	12. LAST OCCUPATION Owner & Operator	13. NUMBER OF YEARS IN THIS OCCUPATION 2 Yrs.	14. NAME OF LAST EMPLOYING COMPANY OR FIRM Moldales Cackle Shop	15. KIND OF INDUSTRY OR BUSINESS Delicatessen		
16. IF DECEASED WAS EVER IN U.S. ARMY, NAVY OR AIR FORCE, GIVE BRANCH AND DATES OF SERVICE No	17. MARRIAGE STATUS Married	18. NAME OF PRESENT SPOUSE Ginger Hoover	19. PRESENT OR LAST OCCUPATION OF SPOUSE Housewife			
PLACE OF DEATH	18a. PLACE OF DEATH—NAME OF HOSPITAL	18b. STREET ADDRESS—GIVE STREET IN RURAL ADDRESS OF LOCATION. DO NOT USE P.O. BOX NUMBER 84th & Hoover	19a. LENGTH OF STAY IN COUNTY OF DEATH 35	19b. LENGTH OF STAY IN CALIFORNIA Life		
	19c. CITY OR TOWN Los Angeles	19d. COUNTY Los Angeles				
LAST USUAL RESIDENCE HERE OR DECEASED IF IN INSTITUTION IN RESIDENCE BEFORE ADMISSION	20a. LAST USUAL RESIDENCE—STREET ADDRESS—GIVE STREET IN RURAL ADDRESS OF LOCATION. DO NOT USE P.O. BOX NUMBER 765 East Kingsley Avenue	20b. IF RURAL CITY CORPORATE LIMITS <input checked="" type="checkbox"/> CITY LIMITS <input type="checkbox"/> P.O. BOX <input type="checkbox"/> BOX OR P. BOX	20c. NAME OF INFORMANT (IF OTHER THAN SPOUSE) Robert J. Hoover			
	20c. CITY OR TOWN Pomona	20d. COUNTY Los Angeles	20e. STATE California	21. ADDRESS OF INFORMANT (IF OTHER THAN LAST USUAL RESIDENCE) 765 E. Kingsley, Pomona, Cali		
PHYSICIAN'S OR CORONER'S CERTIFICATION	22a. PHYSICIAN (I HEREBY CERTIFY THAT DEATH OCCURRED AT THE PLACE AND PLACE STATED ABOVE, FROM THE CAUSE STATED BELOW AND THAT I ATTACHED THE DECEASED BODY TO THIS CERTIFICATE AND SHALL MAKE THIS FOR THE PURPOSES OF THIS CERTIFICATE) Dr. [Signature]	22c. PHYSICIAN OR CORONER—SIGNATURE [Signature]	22d. ADDRESS ELKS CALIFORNIA 3741 STOCKER AVE., LOS ANGELES	22e. DATE SIGNED 9-3-1965		
	22b. CORONER (I HEREBY CERTIFY THAT DEATH OCCURRED AT THE PLACE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT I MADE BELIEF ON THE BASIS OF EVIDENCE AS REQUIRED BY LAW)	23. MANNER OF DEATH Burial	24. DATE 9-7-65	25. NAME OF CEMETERY OR CREMATORY Banning Cabazon Cemetery, Banning, California	26. LOCAL REGISTRATION NUMBER 222	
OPERATION AND AUTOPSY	27. NAME OF FUNERAL DIRECTOR (ON BEHALF OF THE DECEASED) TODD MEMORIAL CHAPEL	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR SEP 7 1965	29. LOCAL REGISTRATION NUMBER [Signature]			
	30. CAUSE OF DEATH PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Myocardial infarction Coronary thrombosis	CONDITIONS (IF ANY) WHICH WERE NEAR TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST DUE TO (B) 7 months	PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)	APPROVED: DEATH CERTIFICATE BETWEEN ORIGIN AND DEATH		
INJURY INFORMATION	31. OPERATION—CHECK ONE <input checked="" type="checkbox"/> OPERATION PERFORMED <input type="checkbox"/> AUTOPSY PERFORMED	32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE <input checked="" type="checkbox"/> AUTOPSY PERFORMED <input type="checkbox"/> NO AUTOPSY PERFORMED			
	34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34b. DESCRIBE HOW INJURY OCCURRED				
	35a. TIME OF INJURY HOUR 11	35b. PLACE OF INJURY GIVE IN FULL STREET ADDRESS [Signature]	35c. CITY, TOWN OR LOCATION [Signature]			