

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES

52-095323

CERTIFICATE OF DEATH H 623

REGISTRATION DISTRICT NO.

1901

REGISTRAR'S NUMBER

20560

also known as  DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)	1a. NAME OF DECEASED—FIRST NAME <b>Frank Don</b>		1b. MIDDLE NAME <b>O'Donnell</b>		1c. LAST NAME <b>Hurst</b>		2a. DATE OF DEATH—MONTH, DAY, YEAR <b>December 6, 1952</b>		2b. HOUR <b>12:38P.</b>		
	3 SEX <b>Male</b>	4 COLOR OR RACE <b>Cauc.</b>	5 MARRIAGE STATUS <b>Married</b>	6 DATE OF BIRTH <b>Aug. 12, 1905</b>	7 AGE (LAST BIRTHDAY) <b>47</b> YEARS	IF UNDER 1 YEAR MONTHS    DAYS		IF UNDER 24 HOURS HOURS    MINUTES			
	8a. USUAL OCCUPATION <b>Maintenance</b>		8b. KIND OF BUSINESS OR INDUSTRY <b>City Employee</b>		9 BIRTHPLACE <b>Kentucky</b>		10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				
	11. NAME AND BIRTHPLACE OF FATHER <b>Wnk. Hurst, Ky.</b>			12. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Nanette Porter, Unk.</b>			13. NAME OF PRESENT SPOUSE (IF MARRIED) <b>Helen Hurst</b>				
PLACE OF DEATH <b>7010</b>	14. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN			15. SOCIAL SECURITY NUMBER <b>None</b>		16. INFORMANT <b>Helen Hurst</b>					
	17a. COUNTY <b>Los Angeles</b>		17b. CITY OR TOWN <b>Los Angeles</b>		17c. LENGTH OF STAY IN THIS CITY OR TOWN <b>Few Minn.</b>						
	17d. FULL NAME OF HOSPITAL OR INSTITUTION <b>L.A. County General Hospital</b>				17e. ADDRESS (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBERS) <b>1200 North State Street</b>						
PHYSICIAN'S OR CORONER'S CERTIFICATION	18a. STATE <b>Calif.</b>		18b. COUNTY <b>Los Angeles</b>		18c. CITY OR TOWN <b>Culver City</b>		18d. STREET OR RURAL ADDRESS (DO NOT USE P.O. BOX NUMBERS) <b>10849 Jefferson Blvd.</b>				
	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 IN ACCORDANCE WITH THE LAWS OF CALIFORNIA 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		19c. SIGNATURE <b>John B. Field, MD</b>				
	19c. SIGNATURE				19d. ADDRESS <b>119 No. San Vicente Blvd, B.H.</b>		19e. DATE SIGNED <b>11-1-52</b> <b>12-6-52</b>				
FUNERAL DIRECTOR AND REGISTRAR	20a. SPECIES OF BURIAL <b>Cremation</b>		20b. DATE <b>12/10/52</b>		20c. CEMETERY OR CREMATORY <b>Pacific Crest Crematory</b>		21. SIGNATURE OF EMBALMER (IF BODY EMBALMED) <b>Jill Salisbury</b>		LICENSE NUMBER <b>3314</b>		
	22. FUNERAL DIRECTOR <b>Smith &amp; Salisbury, Ltd.</b>				23. DATE RECEIVED BY LOCAL REGISTRAR <b>DEC 10 1952</b>						
MEDICAL AND HEALTH DATA	199.9 CAUSE OF DEATH (ENTER ONLY ON CAUSE PER LINE (1) (A), (B) AND (C))		25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Anoxia Anoxia</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>						
	25. ANTECEDENT CAUSES <b>Pulmonary tumor</b>		DUE TO (a) <b>Adeno. carcinoma, metastatic</b>		<b>1 yr</b>						
	25. UNDERLYING CAUSE LAST <b>Generalized atherosclerosis</b>		DUE TO (c) <b>Generalized atherosclerosis</b>		<b>1 yr</b>						
OTHER SIGNIFICANT CONDITIONS	26. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH <b>Generalized atherosclerosis</b>										
	27a. DATE OF OPERATION <b>6 mos ago</b>		27b. MAJOR FINDINGS OF OPERATION <b>Biopsy - showed Adeno. carcinoma</b>				28. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
DEATH DUE TO EXTERNAL VIOLENCE	29a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		29b. PLACE OF INJURY (GIVE PLACE NAME, FACTORY, STREET, OFFICE BUILDING)		29c. LOCATION (CITY OR TOWN, COUNTY, STATE)						
	29d. TIME OF INJURY		29e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29f. HOW DID INJURY OCCUR?						

REV. 11-51 FORM 865-11

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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.

99 JUL 14 AM 10:41

MICHAEL L. RODRIAN  
STATE REGISTRAR OF VITAL RECORDS

DATE ISSUED

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

