

69-148984

## CERTIFICATE OF DEATH

6015

7831

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—LAST NAME <b>CURTIS</b>			1b. MIDDLE NAME <b>BENJAMIN</b>		1c. LAST NAME <b>ROBERTS</b>		2a. DATE OF DEATH—MONTH, DAY, YEAR <b>11/14/69</b>		2b. HOUR <b>10:55A</b>		
	3. SEX <b>Male</b>	4. COLOR OR RACE <b>Negro</b>	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Texas</b>		11. DATE OF BIRTH <b>8/15/29</b>		7. AGE (LAST BIRTHDAY) <b>40</b> YEARS		IF UNDER 1 YEAR MONTHS	IF UNDER 28 HOURS HOURS		
	8. NAME AND BIRTHPLACE OF FATHER <b>Arthur Roberts, Jr.,</b>					9. MOTHER NAME AND BIRTHPLACE OF MOTHER <b>Leatrice Jacobs, Jr.,</b>						
	10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			11. SOCIAL SECURITY NUMBER <b>Unknown</b>		12. MARRIED, NEVER MARRIED, DIVORCED, DIVORCED (RECEIVED) <b>Married</b>		13. NAME OF SURVIVING SPOUSE (IF SEPP, ENTER MARRIED NAME) <b>Christine Johnson</b>				
PLACE OF DEATH	14. LAST OCCUPATION <b>Policeman</b>				15. NUMBER OF YEARS IN THIS OCCUPATION <b>5</b>	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) <b>University of Calif.</b>			17. KIND OF INDUSTRY OR BUSINESS <b>Lawrence Radiation Lab.</b>			
	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>Kaiser Foundation Hospital</b>				18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) <b>288 W. MacArthur Blvd.</b>				18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>			
	18d. CITY OR TOWN <b>Oakland</b>		18e. COUNTY <b>Alameda</b>		18f. COUNTY <b>Alameda</b>		18g. LENGTH OF STAY IN COUNTY OF DEATH <b>26</b> YEARS		18h. LENGTH OF STAY IN CALIFORNIA <b>26</b> YEARS			
USUAL RESIDENCE (IF DEATH OCCURRED IN DIFFERENT CITY, ENTER RESIDENCE BEFORE ADMISSION)	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>8245 Golf Link Rd.</b>				19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>Mrs. Christine Roberts 8245 Golf Link Rd. Oakland, Calif.</b>					
	19c. CITY OR TOWN <b>Oakland</b>		19d. COUNTY <b>Alameda</b>		19e. STATE <b>Calif.</b>							
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE ABOVE DATE AND PLACE STATED ABOVE FROM THE FOREGOING CAUSE WHICH HAS BEEN DETERMINED BY ME OR BY THE INVESTIGATOR (SPECIFY INVESTIGATOR'S OCCUPATION) <b>Investigator Verdict</b>		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE ABOVE DATE, (A) PLACE STATED ABOVE, FROM THE FOREGOING CAUSE WHICH HAS BEEN DETERMINED BY ME OR BY THE INVESTIGATOR (SPECIFY INVESTIGATOR'S OCCUPATION) <b>Dr. W. H. Hodes</b>		21c. PHYSICIAN OR CORONER (SIGNATURE AND TITLE) <b>Dr. W. H. Hodes</b>		21d. DATE SIGNED <b>12/13/69</b>		21e. PHYSICIAN'S CALIFORNIA LICENSE NUMBER			
	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Burial</b>		22b. DATE <b>11/19/69</b>		23. NAME OF CEMETERY OR CREMATORY <b>Oakland, Calif. Evergreen Cemetery</b>		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER <b>Christine Lepples 4796</b>		25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Fouche's Hudson Funeral Home</b>			
MEDICAL AND HEALTH DATA	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Fouche's Hudson Funeral Home</b>		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)		27. LOCAL REGISTRAR—SIGNATURE <b>James C. Mallock MD</b>		28. DATE ACCEPTED FOR REGISTRATION BY <b>NOV 18 1969 DEC 8 1969</b>					
	29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>812.4 cardiac arrest</b> DUE TO, OR AS A CONSEQUENCE OF (B) <b>shock and hemorrhage</b> DUE TO, OR AS A CONSEQUENCE OF (C) <b>multiple blunt injuries.</b>											
	30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE, GIVEN IN PART I. <b>At the hands of another person.</b>											
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE <b>At the hands of another person.</b>		34. PLACE OF BIRTH (SPECIFY HOME, FARM, FACTORY, OFFICE, BUILDING, ETC.) <b>highway on ramp</b>		35. INJURY AT WORK (SPECIFY YES OR NO) <b>No</b>		36a. DATE OF INJURY—MONTH, DAY, YEAR <b>11/14/69</b>		36b. HOUR <b>abt. 8:40 A.M.</b>			
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) <b>High St. On Ramp to I.S. #580, Oakland, Calif.</b>				37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 17) IN MILES <b>6</b>		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO) <b>No</b>		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO) <b>Yes</b>			
	40. DESCRIBE HOW INJURY OCCURRED (LETTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29): <b>Struck by auto. Alcohol: absent.</b>											
STATE REGISTRAR	A	B	C	D	E	F						