

STATE OF CALIFORNIA

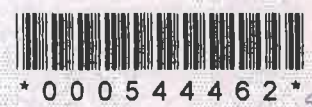
CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY

SALINAS, CALIFORNIA

| | | | | | | |
|--|--|---|---|--|--|--|
| REGISTRATION DISTRICT NO. 2752 | REGISTRAR'S NUMBER 20 | CERTIFICATE OF DEATH | | STATE FILE NO. | | |
| DECEDENT PERSONAL DATA (TYPE OR PRINT NAME) | 1a. NAME OF DECEASED—FIRST NAME Laura | 1b. MIDDLE NAME - | 1c. LAST NAME Smith | 2a. DATE OF DEATH—MONTH, DAY, YEAR Jan. 17, 1950 | 2b. HOUR 3:01 AM | |
| | 3. SEX Female | 4. COLOR OR RACE White | 5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced | 6. DATE OF BIRTH 1913 Aug. 16, 1950 | 7. AGE (LAST BIRTHDAY) 36 YEARS | |
| | 8a. USUAL OCCUPATION (GIVE KIND OF BUSINESS MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife | | 8b. KIND OF BUSINESS OR INDUSTRY Own home | 9. BIRTHPLACE (STATE OR FOREIGN) California | 10. CITIZEN OF WHAT COUNTRY? United States | |
| | 11. NAME OF FATHER Joseph Lopez | | 12. MAIDEN NAME OF MOTHER Constance | | 13. NAME OF SPOUSE (IF MARRIED) None | |
| | 14. WAS DECEASED EVER IN U. S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN No | | 15. SOCIAL SECURITY NUMBER None | | 16. INFORMANT Hospital Records Monterey County | |
| PLACE OF DEATH | 17a. PLACE OF DEATH—CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN) Salinas-Rural | | 17b. LENGTH OF STAY (IN THIS PLACE) 1mo. 17 days | 17c. COUNTY Monterey | | |
| | 17d. FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION—(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Monterey County Hospital, Box 1611, Salinas, Calif. | | | | | |
| CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)) | 18a. STREET ADDRESS (IF RURAL, GIVE LOCATION) Gen. Delivery | | 18b. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND NAME OF NEAREST TOWN) San Lucas | 18c. COUNTY Monterey | 18d. STATE Calif. | |
| | 19-I. THIS DOES NOT MEAN THE MODE OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. | | 19-IA. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Metastatic Carcinoma | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| | | | 19-IB. DUE TO Carcinoma of Cervix | | | |
| | | | 19-IC. DUE TO | | | |
| 19-II. CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | | 19-III. OTHER SIGNIFICANT CONDITIONS | | | | |
| OPERATIONS AUTOPSY | 20a. DATE OF OPERATION None | 20b. MAJOR FINDINGS OF OPERATION None | | | 21. AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| DEATH DUE TO EXTERNAL VIOLENCE | 22a. ACCIDENT (SPECIFY) SUICIDE | 22b. PLACE OF INJURY (IF IN HOME, FARM, FACTORY, STREET, OFFICE BUILDING, ETC.) | 22c. LOCATION CITY OR TOWN COUNTY STATE | | | |
| | 22d. TIME OF INJURY M. N. DAY YEAR HOUR | 22e. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK | 22f. HOW DID INJURY OCCUR? | | | |
| PHYSICIAN'S OR CORONER'S CERTIFICATION | 23a. CORONER'S, I HEREBY CERTIFY THAT I HAVE HELD AN <input type="checkbox"/> AUTOPSY, <input type="checkbox"/> INQUEST, OR <input type="checkbox"/> INVESTIGATION ON THE REMAINS OF THE DECEASED AND FIND THAT THE DECEASED CAME TO DEATH AT THE HOUR AND DATE STATED ABOVE. | | 23b. PHYSICIAN'S, I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 30 1949 THAT I LAST SAW THE DECEASED ALIVE ON Jan. 17 1950 AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE. | | | |
| | 23c. SIGNATURE Norman D. King M.D. | DEGREE OR TITLE | 23d. ADDRESS Monterey County Hospital Salinas, Calif. | 23e. DATE SIGNED 1/18/50 | | |
| FUNERAL DIRECTOR AND REGISTRAR | 24a. <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION REMOVAL | 24b. DATE 1-23-50 | 24c. CEMETERY OR CREMATORY Garden of Memories, Salinas, Cal | 25. SIGNATURE OF EMBALMER James H. Kimball | LICENSE NUMBER 1474 | |
| | 27. DATE RECEIVED BY LOCAL REGISTRAR 1-23-50 | 28. SIGNATURE OF LOCAL REGISTRAR Benneth Sherill M.D. | | 26. SIGNATURE OF FUNERAL DIRECTOR Mueler Moxley, Salinas, Calif. | | |

CERTIFIED COPY OF VITAL RECORDS



STATE OF CALIFORNIA } SS
COUNTY OF MONTEREY

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Monterey County Clerk-Recorder

Stephen L. Vagnini
STEPHEN L. VAGNINI
County Clerk-Recorder

DATE ISSUED

APR 30 2013 ATTEST

This copy not valid unless prepared on engraved border displaying date, seal and signature of Deputy County Clerk-Recorder.
PINC 010319811

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

