

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

7097-022145

STATE FILE NUMBER		STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1a. NAME OF DECEASED—FIRST NAME ALICE		1b. MIDDLE NAME R	1c. LAST NAME SHEARER	2a. DATE OF DEATH—MONTH, DAY, YEAR MAY 9, 1969	
3. SEX Female	4. COLOR OR RACE Cauc	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) California	6. DATE OF BIRTH January 9, 1918	7. AGE (LAST BIRTHDAY) 51 YEARS	2b. HOUR 2:00P
8. NAME AND BIRTHPLACE OF FATHER William H. Shearer No Record			3. MAIDEN NAME AND BIRTHPLACE OF MOTHER Vesta M. Vallintine No Record		
10. CITIZEN OF WHAT COUNTRY USA		11. SOCIAL SECURITY NUMBER 571-24-8306	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY CITY) Widowed	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) No Record	
14. LAST OCCUPATION No Record		15. NUMBER OF YEARS IN THIS OCCUPATION No Record	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (SPECIFY CITY) No Record	17. KIND OF INDUSTRY OR BUSINESS No Record	
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Los Angeles County - USC Medical Center		18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) 1200 North State Street		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes	
18d. CITY OR TOWN Los Angeles		18e. COUNTY Los Angeles	18f. LENGTH OF STAY IN COUNTY OF DEATH life YEARS	18g. LENGTH OF STAY IN CALIFORNIA life YEARS	
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2731 Beverly Blvd.			19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes	20. NAME AND MAILING ADDRESS OF INFORMANT LAC USC MED CENTER 1200 N. State Street Los Angeles, California	
19c. CITY OR TOWN Los Angeles			19d. COUNTY Los Angeles	19e. STATE California	
21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOSP. DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. 5-4-69		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOSP. DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED. 5-4-69	21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE [Signature]	21d. DATE SIGNED 5-6-69	21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER C-30589
22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Burial		22b. DATE 5-27-69	23. NAME OF CEMETERY OR CREMATORY QUEEN OF HEAVEN	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER NOT EMBALMED	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) LAC USC MEDICAL CENTER			26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO) NO	27. LOCAL REGISTRAR—SIGNATURE [Signature]	29. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR MAY 15 1969
29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.					
IMMEDIATE CAUSE (A) CONGESTIVE HEART FAILURE					
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST. (B) ASHD					
PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. PNEUMATOID ARTHRITIS METABOLIC ACIDOSIS					
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE			34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)	35. INJURY AT "JOB" (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR NO
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)			37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 18 0 MILES	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)					
STATE REGISTRAR		A.	B.	C.	D.
					E.
					F. 2086

REV. 1-1-68 Form VS-11

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack

CONNIE B. MCCORMACK
Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

JUL 07 2000
19-707256



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE