

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH						LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
<p align="center">CERTIFICATE OF DEATH</p>						<p>7053 13982</p>
<p>1A. NAME OF DECEASED—FIRST NAME MARIAN</p>		<p>1B. MIDDLE NAME ELIZABETH</p>		<p>1C. LAST NAME GOODNO</p>		<p>2A. DATE OF DEATH—MONTH, DAY, YEAR July 10, 1958</p>
<p>3. SEX FEMALE</p>		<p>4. COLOR OR RACE CAUC</p>		<p>5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MINNESOTA</p>		<p>7. AGE (LAST BIRTHDAY) 49 YEARS</p>
<p>8. NAME AND BIRTHPLACE OF FATHER ARTHUR G. TEUCHERT-ALSACE-LORRAIN</p>		<p>9. MAIDEN NAME AND BIRTHPLACE OF MOTHER ELIZABETH BOHNEN-PENNSYLVANIA</p>		<p>10. CITIZEN OF WHAT COUNTRY U.S.A.</p>		<p>11. SOCIAL SECURITY NUMBER 567-18-9485</p>
<p>12. LAST OCCUPATION OFFICE MANAGER</p>		<p>13. NUMBER OF YEARS IN THIS OCCUPATION 1</p>		<p>14. NAME OF LAST EMPLOYING COMPANY OR FIRM MC PADDEN-EDDY ASSOCIATES</p>		<p>15. KIND OF INDUSTRY OR BUSINESS PUBLIC RELATIONS</p>
<p>16. FORCED OR UNFORCED DATE OF SERVICE NO</p>		<p>17. SPECIALLY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED</p>		<p>18A. NAME OF PRESENT SPOUSE PUBLIC RELATIONS</p>		<p>18B. PRESENT OR LAST OCCUPATION OF SPOUSE</p>
<p>19A. PLACE OF DEATH—NAME OF HOSPITAL LOS ANGELES COUNTY OSTEOPATHIC HOSPITAL</p>		<p>19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION) 1100 NO. MISSION ROAD</p>		<p>19C. CITY OR TOWN LOS ANGELES</p>		<p>19D. COUNTY LOS ANGELES</p>
<p>19E. LENGTH OF STAY IN COUNTY OF DEATH 36 YEARS</p>		<p>19F. LENGTH OF STAY IN CALIFORNIA 36 YEARS</p>		<p>21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE) DENNIS J. GOODNO</p>		<p>21B. ADDRESS OF INFORMANT (IF OTHER THAN SPOUSE) 1100 NO. MISSION ROAD</p>
<p>20A. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION, DO NOT USE P. O. BOX NUMBERS) 5162 SOUTHRIDGE AVENUE</p>		<p>20B. CITY OR TOWN LOS ANGELES</p>		<p>20C. STATE CALIFORNIA</p>		<p>21C. ADDRESS OF INFORMANT (IF OTHER THAN SPOUSE) 1100 NO. MISSION ROAD</p>
<p>22A. PHYSICIAN (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 7/6/58 TO 7/10/58 AND THAT I LAST SAW THE DECEASED ALIVE ON 7/10/58)</p>		<p>22B. CORONER (HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE BEEN CALLED ON THE REMAINS OF DECEASED AS REQUIRED BY LAW)</p>		<p>22C. PHYSICIAN OR CORONER—SIGNATURE <i>[Signature]</i></p>		<p>22D. DATE SIGNED 7-10-58</p>
<p>23. SPECIFY BURIAL OR CREMATION BURIAL</p>		<p>24. DATE JULY 12, 1958</p>		<p>25. NAME OF CEMETERY OR CREMATORY INGLEWOOD PARK CEMETERY</p>		<p>26. EMBALMER—SIGNATURE (IF BODY EMBALMED) <i>Charles Macey</i></p>
<p>27. NAME OF FUNERAL DIRECTOR AND LOCAL REGISTRAR WALTER MC KIN LRY VIEW PARK</p>		<p>28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR JUL 11 1958</p>		<p>29. LOCAL REGISTRAR—SIGNATURE <i>George H. Hill, M.D.</i></p>		<p>29. LICENSE NUMBER 4418</p>
<p>30. CAUSE OF DEATH</p>		<p>PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Carcinomatous</p>				<p>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ?</p>
<p>CONDITIONS IF ANY WHICH GAVE RISE TO THE ABOVE CAUSE (A), STATING THE UNDERLYING CAUSE LAST</p>		<p>DUPLICATE TO (B) Carcinoma Breast Gland</p>				
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)</p>		<p>DUPLICATE TO (C)</p>				
<p>31. OPERATION—CHECK ONE <input checked="" type="checkbox"/> NO OPERATION PERFORMED <input type="checkbox"/> OPERATION PERFORMED</p>		<p>32. DATE OF OPERATION 1953</p>		<p>33. AUTOPSY—CHECK ONE <input type="checkbox"/> NO AUTOPSY PERFORMED <input checked="" type="checkbox"/> AUTOPSY PERFORMED</p>		<p>34. ALLIANCE PERFORMED—CHECK ONE <input type="checkbox"/> ALLIANCE PERFORMED <input checked="" type="checkbox"/> ALLIANCE NOT PERFORMED</p>
<p>34A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE</p>		<p>34B. DESCRIBE HOW INJURY OCCURRED</p>				
<p>35A. TIME OF INJURY HOUR MONTH DAY YEAR</p>		<p>35B. PLACE OF INJURY IN OR ON BODY PART FROM WHICH INJURY OCCURRED</p>		<p>35C. CITY, TOWN OR LOCATION COUNTY STATE</p>		

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

Beatriz Valdez
BEATRIZ VALDEZ
Registrar-Recorder/County Clerk

JAN 19 1964
19-657839

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

