

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

REGISTRATION DISTRICT NO. **1901** REGISTRAR'S NUMBER **2808** **CERTIFICATE OF DEATH** STATE FILE NO.

DECEDENT PERSONAL DATA (TYPE OR PRINT NAME)	1A NAME OF DECEASED—FIRST NAME <b>ROBERT</b>		1B MIDDLE NAME <b>H.</b>		1C LAST NAME <b>GOODNO</b>		2A DATE OF DEATH—MONTH DAY YEAR <b>February 14, 1949</b>		2B HOUR <b>3:30A</b>		
	3 SEX <b>Male</b>	4 COLOR OR RACE <b>Cauc.</b>	5 MARRIAGE STATUS <b>Married</b>		6 DATE OF BIRTH <b>September 20, 1912</b>		7 AGE—LAST BIRTHDAY <b>36 YEARS</b>		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES		
	8a USUAL OCCUPATION <b>Owner</b>		8b KIND OF BUSINESS OR INDUSTRY <b>Accounting Company</b>		9 BIRTHPLACE (COUNTRY) <b>Oklahoma</b>		10 CITIZEN OF WHAT COUNTRY? <b>United States of America</b>				
	11 NAME OF FATHER <b>William Goodno</b>		12 MAIDEN NAME OF MOTHER <b>Vesta Marie Volleffne</b>		13 NAME OF SPOUSE (IF MARRIED) <b>Marian Goodno</b>			16 INFORMANT <b>Marian Goodno - Wife</b>			
	14 WAS DECEASED EVER IN U. S. ARMED FORCES? <b>No</b>		15 SOCIAL SECURITY NUMBER <b>563-01-9775</b>		17a LENGTH OF STAY (IN THIS PLACE) <b>33 years</b>		17b CITY <b>Los Angeles</b>				
PLACE OF DEATH	17a PLACE OF DEATH—CITY OR TOWN <b>Los Angeles</b>		17b FULL NAME AND ADDRESS OF HOSPITAL OR INSTITUTION—IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION <b>3445 Alsaeca Avenue</b>			18a COUNTY <b>Los Angeles</b>		18b STATE <b>California</b>			
	19a STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>3445 Alsaeca Avenue</b>		19b CITY OR TOWN <b>Los Angeles</b>		19c COUNTY <b>Los Angeles</b>		19d STATE <b>California</b>				
CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR L11, L12, AND L13)	19-1 THIS DEATH NOT BEING THE RESULT OF DYING SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATIONS WHICH CAUSED DEATH		19-1a DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Acute Coronary occlusion</b>		19-1b DUE TO		19-1c DUE TO		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>		
	19-II ANTECEDENT CAUSES BORING CONDITIONS IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST		19-II OTHER SIGNIFICANT CONDITIONS <b>Atypical pneumonia</b>								
	19-III CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH										
OPERATIONS AUTOPSY	20a DATE OF OPERATION		20b MAJOR FINDINGS OF OPERATION		21 AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
	22a ACCIDENT SUICIDE HOMICIDE		22b PLACE OF INJURY (SEE INSTRUCTIONS)		22c LOCATION CITY OR TOWN COUNTY STATE						
DEATH DUE TO EXTERNAL VIOLENCE	22d TIME MONTH DAY YEAR HOUR		22e INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		22f HOW DID INJURY OCCUR?						
	23a CORONER'S I HEREBY CERTIFY THAT I HAVE HELD AN AUTOPSY INVESTIGATION ON THE REMAINS OF THE DECEASED AND THAT THE DECEASED CAME TO DEATH BY THE MANNER AND DATE STATED ABOVE		23b SIGNATURE <b>Jesse Klein M.D.</b>		23c ADDRESS <b>5172 1/2 W Adams</b>		23d DATE SIGNED <b>2-15-49</b>				
PHYSICIAN'S OR CORONER'S CERTIFICATION	23e PHYSICIAN'S I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/20 2/11/49 TO 2/14/49 THAT I LAST SAW THE DECEASED ALIVE ON 2/14/49 AND THAT DEATH OCCURRED FROM THE CAUSES AND AT THE HOUR AND DATE STATED ABOVE		23f SIGNATURE <b>Howard K. Coffey M.D.</b>		23g ADDRESS <b>3719 West Slauson Ave., Los Angeles</b>		23h DATE SIGNED <b>2-15-49</b>				
	24a BURNED <input type="checkbox"/> REMOVED <input checked="" type="checkbox"/>		24b DATE <b>Feb 17, 1949</b>		24c CEMETERY OR CREMATORY <b>Inglewood Crematory</b>		24d SIGNATURE OF EMBALMER <b>St. Emery</b>				
FUNERAL DIRECTOR AND REGISTRAR	25 DATE RECEIVED BY LOCAL REGISTRAR <b>F.C.L. 49</b>		25b SIGNATURE OF LOCAL REGISTRAR		25c SIGNATURE OF FUNERAL DIRECTOR <b>St. Emery</b>						
	26 DATE RECEIVED BY LOCAL REGISTRAR		26b SIGNATURE OF LOCAL REGISTRAR		26c SIGNATURE OF FUNERAL DIRECTOR <b>St. Emery</b>						

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

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

