

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

5600

2041

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME LeRoy			1b. MIDDLE NAME Roberts			1c. LAST NAME Jewett			2a. DATE OF DEATH—MONTH DAY YEAR November 4, 1976			2b. HOUR 5:00 A.M.					
	3. SEX Male		4. COLOR OR RACE Caucasian		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New Hampshire			6. DATE OF BIRTH March 27, 1894			7. AGE (LAST BIRTHDAY) 82 YEARS							
	8. NAME AND BIRTHPLACE OF FATHER Frank Jewett - Unknown						9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Abbie Roberts - Unknown											
	10. CITIZEN OF WHAT COUNTRY U.S.A.			11. SOCIAL SECURITY NUMBER 565-10-9151			12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced			13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)								
PLACE OF DEATH	14. LAST OCCUPATION Electrical Engineer						15. NUMBER OF YEARS IN THIS OCCUPATION 35			16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE) Self Employed			17. KIND OF INDUSTRY OR BUSINESS Electrical Contracting					
	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY Pleasant Valley Convalescent Hospital						18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) 5225 South "J" Street						18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes					
	18d. CITY OR TOWN Oxnard						18e. COUNTY Ventura			18f. LENGTH OF STAY IN COUNTY OF DEATH 1 YEARS			18g. LENGTH OF STAY IN CALIFORNIA 46 YEARS					
USUAL RESIDENCE IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE (20-550-1)	19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 62 Blackburn Place						19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes			20. NAME AND MAILING ADDRESS OF INFORMANT Bernard Holmquist 8270 Denver St. Ventura, California 93003								
	19c. CITY OR TOWN Ventura			19d. COUNTY Ventura			19e. STATE California											
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD OR THE REMAINS OF DECEASED AS REQUIRED BY LAW			21b. PHYSICIAN: I 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			21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE D. Pasca MD			21d. DATE SIGNED 11-4-76								
	21e. ADDRESS 68 N. Brent St. Vta			21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER 611291			21g. I LAST SAW THE DECEASED ON (ENTER MONTH DAY YEAR) NOV 4, 76			21h. I LAST SAW THE DECEASED ON (ENTER MONTH DAY YEAR) (Oct 15/76)								
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION Cremation			22b. DATE 11-4-76			23. NAME OF CEMETERY OR CREMATORY Ivy Lawn Cemetery			24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER Not Embalmed								
	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Ted M. Mayr Funeral Chapel			26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES) Yes			27. LOCAL REGISTRAR—SIGNATURE Sarah L. Miller, M.D.			28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR 11-4-76								
CAUSE OF DEATH	29. PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) acute coronary insufficiency											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 day						
	CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (B) arteriosclerotic heart disease																	
30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I											31. WAS OPERATION OR SIGEST PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR SIGEST) No		32a. AUTOPSY (YES OR NO) No		32b. IF YES, WERE FINDINGS CORRELATED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)			
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE			34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)			35. INJURY AT WORK (SPECIFY YES OR NO)			36a. DATE OF INJURY—MONTH DAY YEAR			36b. HOUR					
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)						37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES			38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)			39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES, UR, OR)					
	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.							

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY, IF IT BEARS THIS SEAL IN RED INK.



NOV 05 1976
DATE

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\$2.00

Sarah L. Miller, M.D., Health Officer and Registrar