

STATE
FILE
NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION
DISTRICT AND
CERTIFICATE NUMBER **1500**

1A. NAME OF DECEASED—FIRST NAME Eula		1B. MIDDLE NAME Lee		1C. LAST NAME Sherwood		2A. DATE OF DEATH—MONTH, DAY, YEAR Nov. 24, 1966		2B. HOUR 9:40AM		
3. SEX Female	4. COLOR OR RACE White	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	6. DATE OF BIRTH December 24, 1893		7. AGE (LAST BIRTHDAY) 72 YEARS		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES	
8. NAME AND BIRTHPLACE OF FATHER Sam McLaughlin Illinois			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Elizabeth Anton Texas			10. CITIZEN OF WHAT COUNTRY United States		11. SOCIAL SECURITY NUMBER none		
12. LAST OCCUPATION Housewife		13. NUMBER OF YEARS IN THIS OCCUPATION 38	14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE)			15. KIND OF INDUSTRY OR BUSINESS				
16. IF DECEASED WAS EVER IN U.S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE. None		17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		18A. NAME OF PRESENT SPOUSE Robert W. Sherwood		18B. PRESENT OR LAST OCCUPATION OF SPOUSE General Maintenance				

19A. PLACE OF DEATH—NAME OF HOSPITAL DOA Kern General Hospital			19B. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 1850 Flower Street			<input type="checkbox"/> INSIDE CITY CORPORATE LIMITS		<input checked="" type="checkbox"/> OUTSIDE CITY CORPORATE LIMITS	
19C. CITY OR TOWN Bakersfield			19D. COUNTY Kern		19E. LENGTH OF STAY IN COUNTY OF DEATH 25 YEARS		19F. LENGTH OF STAY IN CALIFORNIA 27 YEARS		

20A. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P. O. BOX NUMBERS) 6700 Betty Street		20B. IF INSIDE CITY CORPORATE LIMITS CHECK ONE <input type="checkbox"/> CHECK HERE <input type="checkbox"/> ON A FARM <input type="checkbox"/> NOT ON A FARM		21A. NAME OF INFORMANT (IF OTHER THAN SPOUSE)	
20C. CITY OR TOWN Bakersfield		20D. COUNTY Kern		20E. STATE California	
22A. 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 TO: _____ AND THAT I LAST SAW THE DECEASED ALIVE ON _____				22C. PHYSICIAN OR CORONER—SIGNATURE Stanley R. ... DEGREE OR TITLE	
22B. 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 AN INVESTIGATION ON THE REMAINS OF DECEASED AS REQUIRED BY LAW.				22D. ADDRESS Bakersfield, California	
22E. DATE SIGNED 11-26-66					

23. SPECIFY BURIAL ENTOMBMENT OR CREATION Burial		24. DATE Nov. 26, 1966		25. NAME OF CEMETERY OR CREMATORY Greenlawn Memorial Park		26. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER ... Polani 3521	
27. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Greenlawn Mortuary			28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR		29. LOCAL REGISTRAR—SIGNATURE		

30. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Bronchopneumonia						
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Senile encephalopathy (clinical)						
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)						

31. OPERATION—CHECK ONE: <input checked="" type="checkbox"/> OPERATION PERFORMED—FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		32. DATE OF OPERATION		33. AUTOPSY—CHECK ONE: <input checked="" type="checkbox"/> AUTOPSY PERFORMED—GROSS FINDINGS USED IN DETERMINING ABOVE STATED CAUSES OF DEATH		<input type="checkbox"/> AUTOPSY PERFORMED—GROSS FINDINGS NOT USED IN DETERMINING ABOVE STATED CAUSES OF DEATH	
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34A. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE				34B. DESCRIBE HOW INJURY OCCURRED (GIVE SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN PART I OR PART II OF ITEM 30)			
35A. TIME OF INJURY HOUR MONTH DAY YEAR				35B. INJURY OCCURRED <input type="checkbox"/> WHILE <input type="checkbox"/> NOT WHILE			
35C. PLACE OF INJURY (E.G. IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE, BUILDING)		35D. CITY, TOWN, OR LOCATION		COUNTY		STATE	

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