STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

STATE FILE NUMBER: 7052

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 4576

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—First: Hilma; Middle: A.; Last: Bordwell
2. SEX: Female
3. COLOR OR RACE: Caucasian
4. IF MILITARY, SPECIFY BRANCH: Iowa
5. DATE OF BIRTH: October 23,1971
6. AGE: Last Birthday: 88 Years; Under 1 Year: Months; Under 1 Month: Days
7. BIRTHPLACE: State or Foreign Country: Iowa
8. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Unknown, Unknown
9. NAME OF HUSBAND OR WIFE: Unknown Rheinheld
10. DATE OF DEATH: November 19, 1882
11. SOCIAL SECURITY NUMBER: Widowed
12. NAME OF SURVIVING SPOUSE (If wife, enter maiden name): Unknown
13. KIND OF BUSINESS/INDUSTRY: Homemaker
14. OCCUPATION: Housewife
15. USUAL RESIDENCE: Yes
16. PLACE OF DEATH—Name of Hospital or Other Location: Memorial Hospital of Long Beach
17. STREET ADDRESS—Number and Name: 2801 Atlantic Avenue
18. CITY: Long Beach
19. COUNTY: Los Angeles
20. INSIDE CITY LIMITS: Yes
21. USUAL RESIDENCE: Street Address (Number and Name): 2361 Pasadena Avenue
22. INSIDE CITY LIMITS: Yes
23. CITY OR TOWN: Long Beach
24. COUNTY: Los Angeles
25. STATE: California
26. NAME AND MAILING ADDRESS OF INFORMANT: Dorris P. Kearney, 340 N. 6th Street, Montebello, California

PHYSICIAN'S OR CORONER'S CERTIFICATION

27. I CERTIFY THAT DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: Eldon B. Hutchinson, M.D.
28. DATE SIGNED: 10-27-71
29. DATE LAST SAW DECEDENT ALIVE: 7-16-71
30. DATE PRONOUNCED DEAD: 10-27-71
31. WAS CASE REFERRED TO CORONER? No
32. SIGNATURE, TITLE AND ADDRESS OF PERSON COMPLETING CERTIFICATION: Eldon B. Hutchinson, M.D. 2863 Atlantic Avenue Long Beach, California
33. LICENSE NO.: C15584

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34. METHOD OF DISPOSITION: Entombment
35. DATE: 10-27-71
36. NAME OF CEMETERY, CREMATORY OR OTHER PLACE OF DISPOSITION: Mattell's Mortuary
37. NAME AND ADDRESS OF FACILITY: Scenicvale Mausoleum, Long Beach, California
38. SIGNATURE OF LOCAL REGISTRAR: Hilma A. Bordwell
39. DATE RECEIVED BY REGISTRAR: OCT 2 7 1971

CAUSE OF DEATH

40. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.)
(a) Arteriosclerotic Coma
(b) Acute cerebral hemorrhage
(c) Generalized arteriosclerosis
41. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I: Diabetes mellitus left leg shortened amputation 1971
42. WAS OPERATION PERFORMED FOR ANY CONDITIONS IN ITEMS 40 OR 41? No
43. IF FEMALE: Not pregnant within past year
44. WAS AUTOPSY PERFORMED? No
45. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? No

INJURY INFORMATION

46. DATE OF INJURY: (Month, Day, Year)
47. HOUR OF INJURY
48. PLACE OF INJURY: (e.g., Home, Farm, Factory, Street, Office Building, etc.)
49. INJURY AT WORK?
50. DESCRIBE HOW INJURY occurred:
51. IF TRANSPORTATION INJURY, SPECIFY: (Driver/Operator, Passenger, Pedestrian, etc.)
52. LOCATION (Street and Number or Place, City or Town, State)

STATE REGISTRAR

53. 57324

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

Issued by: Conny B. McCormack, Registrar-Recorder/County Clerk

SEP 03 2002

19-485871

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE