

FILE

CERTIFICATE OF DEATH

LOCAL REGISTRATION 3801

9667

617
05X
DECEDENT PERSONAL DATA
846
421-1

PLACE OF DEATH

LAST USUAL RESIDENCE

PHYSICIAN'S OR CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND LOCAL REGISTRAR

CAUSE OF DEATH

OPERATION AND AUTOPSY

INJURY INFORMATION

MEDICAL AND HEALTH DATA

1a NAME OF DECEASED—FIRST NAME FRANK		1b MIDDLE NAME S.		1c LAST NAME BODIE		2a DATE OF DEATH—MONTH DAY YEAR Dec 17, 1961		2b HOUR 4:30 Pm			
3 SEX Male	4 COLOR OR RACE White	5 BIRTHPLACE San Francisco, Calif	6 DATE OF BIRTH Oct 8, 1887		7 AGE AT DEATH 74 YEARS		8 UNDER 1 YEAR <input type="checkbox"/>		9 UNDER 30 YEARS <input type="checkbox"/>		
8 NAME AND BIRTHPLACE OF FATHER Joseph Pessolo-Italy			9 MAIDEN NAME AND BIRTHPLACE OF MOTHER Rose De Martini-Italy			10 COUNTRY OF WHAT COUNTRY U.S.A.		11 SOCIAL SECURITY NUMBER			
12 LAST OCCUPATION Electrician			13 NUMBER OF YEARS 20			14 NAME OF EMPLOYER Universal Studios		15 KIND OF INDUSTRY OR BUSINESS Motion Pictures			
16 IS DECEASED MARRIED (SEE PART I, 16a) None			17 SPECIAL MARRIAGE CERTIFICATE Married			18a NAME OF PRESENT SPOUSE Edne Bodie		18b PRESENT OR LAST OCCUPATION OF SPOUSE At Home			
19a PLACE OF DEATH—NAME OF HOSPITAL Notre Dame Hospital			19b STREET OR RURAL ADDRESS OR LOCATION Broadway and Van Ness			19c CITY OR TOWN San Francisco			19d LENGTH OF STAY IN CALIFORNIA Life YEARS		
20a LAST USUAL RESIDENCE—STREET ADDRESS 2120 Larkin Street			20b CITY OR TOWN San Francisco			20c COUNTY Calif		20d STATE		21a NAME OF INFORMANT IF OTHER THAN SPOUSE	
22a PHYSICIAN—CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED 12/17/61			22b PHYSICIAN OR CORONER'S SIGNATURE <i>[Signature]</i>			22c ADDRESS 2000 Van Ness Ave SF			22d DATE SIGNED 12/18/61		
23 MANNER OF BURIAL OR CREMATION Burial			24 DATE 12/20/61		25 NAME OF CEMETERY OR CREMATORY Holy Cross		26 ENBALMER—SIGNATURE IS BODY ENBALMED—LICENSE NUMBER <i>[Signature]</i> 3800				
27 NAME OF FUNERAL DIRECTOR Halsted & Co			28 DATE RECEIVED FOR REGISTRATION DEC 19 1961		29 LOCAL REGISTRAR—SIGNATURE <i>[Signature]</i>						
30 CAUSE OF DEATH PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) Carcinoma of lung (Primary Site) Congestive heart failure CONDITIONS IF ANY WHICH GAVE RISE TO THIS A B C D E F G H I J K L M N O P Q R S T U V W X Y Z (A) THROUGH THE IMMEDIATE CAUSE LAST DUE TO (A) DUE TO (B) PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A): 6 MON. 2 days 1621 4			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
31 OPERATION—CHECK ONE <input type="checkbox"/> NO OPERATION PERFORMED <input checked="" type="checkbox"/> OPERATION PERFORMED IN HOSPITAL <input type="checkbox"/> OPERATION PERFORMED IN OTHER PLACE			32 DATE OF OPERATION 8/4/61			33 AUTOPSY—CHECK ONE <input type="checkbox"/> NO AUTOPSY PERFORMED <input checked="" type="checkbox"/> AUTOPSY PERFORMED IN HOSPITAL <input type="checkbox"/> AUTOPSY PERFORMED IN OTHER PLACE					
34a SPECIFY ACCIDENT SOURCE OR HOBBIE			34b DESCRIBE HOW INJURY OCCURRED								
35a TIME OF INJURY HOUR MONTH DAY YEAR			35b PLACE OF INJURY CITY OR TOWN STATE ZIP			35c CITY TOWN OR LOCATION COUNTY STATE					