

STATE

FILE

TUPPER

# 65-104347 CERTIFICATE OF DEATH

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION

DISTRICT AND

7053

35743

LETHAWARE NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEASED—FIRST NAME <b>ROBERT</b>	2. SINGLE NAME <b>JOSEPH</b>	3. LAST NAME <b>HOOVER</b>	24. DATE OF DEATH <b>SEPTEMBER 2, 1965</b>	26. HOUR <b>11:00 A.M.</b>	
	3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. BIRTHPLACE <b>California</b>	6. DATE OF BIRTH <b>April 15, 1915</b>	7. AGE AT DEATH <b>50</b>	
	8. NAME AND BIRTHPLACE OF FATHER <b>Robert J. Hoover, Texas</b>	9. M maiden name and BIRTHPLACE OF MOTHER <b>Estelle G. Eli, Missouri</b>	10. COUNTRY OF BIRTH <b>U.S.A.</b>	11. SOCIAL SECURITY NUMBER <b>Unknown</b>		
	12. LAST OCCUPATION <b>Owner &amp; Operator</b>	13. NUMBER OF YEARS IN THIS OCCUPATION <b>2 Yrs.</b>	14. NAME OF LAST EMPLOYING COMPANY OR FIRM <b>Moldales Cackle Shop</b>	15. KIND OF INDUSTRY OR BUSINESS <b>Delicatessen</b>		
16. IF DECEASED WAS EVER IN U.S. ARMY, NAVY OR AIR FORCE, GIVE BRANCH AND DATES OF SERVICE <b>No</b>	17. MARRIAGE STATUS <b>Married</b>	18a. NAME OF PRESENT SPOUSE <b>Ginger Hoover</b>	18b. PRESENT OR LAST OCCUPATION OF SPOUSE <b>Housewife</b>			
PLACE OF DEATH	19a. PLACE OF DEATH—NAME OF HOSPITAL	19b. STREET ADDRESS—GIVE STREET IN RURAL ADDRESS OF LOCATION. DO NOT USE P.O. BOX NUMBER <b>84th &amp; Hoover</b>	19c. LENGTH OF STAY IN COUNTY OF DEATH <b>35</b>	19d. LENGTH OF STAY IN CALIFORNIA <b>Life</b>		
	19c. CITY OR TOWN <b>Los Angeles</b>	19d. COUNTY <b>Los Angeles</b>				
LAST USUAL RESIDENCE HERE OR DECEASED IF IN INSTITUTION IN RESIDENCE BEFORE ADMISSION	20a. LAST USUAL RESIDENCE—STREET ADDRESS—GIVE STREET <b>765 East Kingsley Avenue</b>	20b. IF RURAL CITY CORPORATE LIMITS <input checked="" type="checkbox"/> CITY LIMITS <input type="checkbox"/> P.O. BOX <input type="checkbox"/> BOX OR P.O. BOX	20c. NAME OF INFORMANT (IF OTHER THAN SPOUSE) <b>Robert J. Hoover</b>			
	20c. CITY OR TOWN <b>Pomona</b>	20d. COUNTY <b>Los Angeles</b>	20e. STATE <b>California</b>	21. ADDRESS OF INFORMANT (IF OTHER THAN LAST USUAL RESIDENCE) <b>765 E. Kingsley, Pomona, Calif</b>		
	21. PHYSICIAN'S OR CORONER'S CERTIFICATION <b>21a. PHYSICIAN (I HEREBY CERTIFY THAT DEATH OCCURRED AT THE PLACE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTACHED THE DECEASED BODY TO THIS CERTIFICATE AND SHALL MAKE THIS FOR THE PURPOSES OF THIS CERTIFICATE.)</b> <b>21b. CORONER (I HEREBY CERTIFY THAT DEATH OCCURRED AT THE PLACE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INQUIRY ON THE DEATH OF DECEASED AS REQUIRED BY LAW.)</b>	22c. PHYSICIAN OR CORONER—SIGNATURE <i>W. H. Hoover</i>	22d. ADDRESS <b>ELKS CALIFORNIA 3741 STOCKER AVE., LOS ANGELES</b>	22e. DATE SIGNED <b>9-3-1965</b>		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. MANNER OF BURIAL OR CREMATION <b>Burial</b>	24. DATE <b>9-7-65</b>	25. NAME OF CEMETERY OR CREMATORY <b>Banning Cabazon Cemetery, Banning, California</b>	26. LOCAL REGISTRATION NUMBER <b>222</b>		
	27. NAME OF FUNERAL DIRECTOR (ON PERSON ACTING AS REGISTRAR) <b>TODD MEMORIAL CHAPEL</b>	28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>SEP 7 1965</b>	29. LOCAL REGISTRAR'S SIGNATURE <i>R. H. Hoover</i>			
INJURY INFORMATION	30. CAUSE OF DEATH PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) <b>Myocardial infarction Coronary Thrombosis</b>				APPROPRIATE INTERVAL BETWEEN ORIGIN AND DEATH	
	PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (B)					
OPERATION AND AUTOPSY	31. OPERATION—CHECK ONE <input checked="" type="checkbox"/> OPERATION PERFORMED <input type="checkbox"/> AUTOPSY PERFORMED	32. DATE OF OPERATION	33. AUTOPSY—CHECK ONE <input checked="" type="checkbox"/> AUTOPSY PERFORMED <input type="checkbox"/> NO AUTOPSY PERFORMED			
	34a. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34b. DESCRIBE HOW INJURY OCCURRED				
INJURY INFORMATION	35a. TIME OF INJURY HOUR MINUTE	35b. PLACE OF INJURY GIVE IN FULL STREET FROM FACTORY STREET OR MAIN STREET	35c. CITY, TOWN OR LOCATION	35d. COUNTY	35e. STATE	
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