

STATE
FILE NO.

55-060172

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. 8009

REGISTRAR'S NUMBER

2928

DECENT
PERSONAL
DATAPLACE
OF
DEATHREGISTRAR'S
ADDRESSREGISTRAR'S
SIGNATUREGENERAL
RECORD
AND
STRATCAUSE
OF
DEATHOTHER
SIGNIFICANT
CONDITIONS

OPERATIONS

DEATH
DUE TO
INTERNAL
EVIDENCE

1a. NAME OF DECEASED—FIRST NAME to MIDDLE NAME Jesse			1b. LAST NAME STOWALL			2a. DATE OF DEATH—MONTH, DAY, YEAR July 12, 1955		2b. HOUR 11:05 PM		
3. SEX Male		4. COLOR OR RACE White		5. MARRIAGE STATUS Married		6. DATE OF BIRTH July 26, 1875		7. AGE (LAST BIRTHDAY) 79 YEARS		
8a. USUAL OCCUPATION Baseball player			8b. KIND OF BUSINESS OR INDUSTRY Leagues			9. BIRTHPLACE Missouri		10. CITIZEN OF WHAT COUNTRY U.S.A.		
11. NAME AND BIRTHPLACE OF FATHER Unknown - Mo.				12. MAIDEN NAME AND BIRTHPLACE OF MOTHER Unknown - Mo.				13. NAME OF PRESENT "WIFE" IF MARRIED Bonnie E. Stovall		
14. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY REG. NO. UNKNOWN IF YES, GIVE WAR OR DATES OF SERVICE Yes Span. Am. War					15. SOCIAL SECURITY NUMBER Unknown		16. INFORMANT Wife			
17a. COUNTY San Diego			17b. CITY OR TOWN San Diego			17c. LENGTH OF STAY IN THIS CITY OR TOWN <input type="checkbox"/> OUTSIDE COUNTY HOME LIMITS <input type="checkbox"/> INSIDE COUNTY HOME LIMITS 1 month 27 days				
17d. FULL NAME OF HOSPITAL OR INSTITUTION U. S. Naval Hospital						17e. ADDRESS (IF NOT A HOSPITAL OR INSTITUTION, GIVE STREET OR RURAL ADDRESS OR LOCATION; DO NOT USE "P. O. BOX NUMBER") San Diego 34, California				
18a. STATE California		18b. COUNTY San Diego		18c. CITY OR TOWN Carlsbad		18d. STREET OR RURAL ADDRESS (DO NOT USE "P. O. BOX NUMBER") <input type="checkbox"/> OUTSIDE COUNTY HOME LIMITS <input type="checkbox"/> INSIDE COUNTY HOME LIMITS 2558 Roosevelt Street				
19a. CORONER (I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUSE, DAY AND PLACE STATED ABOVE FROM THE CAUSES BY THIS DECLARED AND THAT I HAVE HELD AN ANATOMICAL EXAMINATION ON THE REMAINS OF DECEASED AS REQUIRED BY LAW)						19b. PHYSICIAN (I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUSE, DAY AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM 7-12-55 AND THAT I LAST SAW THE DECEASED ALIVE ON 7-12-55)		19c. DATE SIGNED 7-13-55		
19d. SIGNATURE W. J. Cooley			19e. ADDRESS U. S. Naval Hospital, San Diego, Cal			19f. LICENSE NUMBER 7-13-55				
20a. SPECIFY MANNER OF CREATION OR REMOVAL Removal			20b. DATE 7-15-1955			20c. CEMETERY OR CREMATORY Hottel's Mortuary Long Beach, Calif.		21. SIGNATURE OF EMBALMER (IF BODY EMBALMED) Edwin C. Edwards 3763		
22. FUNERAL DIRECTOR Greenwood Mortuary			23. DATE RECEIVED BY LOCAL REGISTRAR JUL 18 1955			24. SIGNATURE OF LOCAL REGISTRAR J. P. Carter H.S.				
25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH a. ANTECEDENT CAUSES b. MORBID CONDITIONS, IF ANY c. GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE, LAST			25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Uremia			25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Glomerulonephritis, acute		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 days 7 days 1 1/2 days		
26. ADDITIONAL CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Bronchopneumonia, bilateral			26. ADDITIONAL CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Bronchopneumonia, bilateral			26. ADDITIONAL CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Bronchopneumonia, bilateral		DEATH 3 days		
27a. DATE OF OPERATION 5-17-55			27b. MAJOR FINDINGS OF OPERATION Perforated appendicitis, intestinal obstruction			28. AUTOPOST <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
29a. PLACE OF DEATH (IDENTIFY BUILDING OR HOME) OR HOME Home			29b. PLACE OF INJURY (IF PLACE OF INJURY IS OTHER THAN HOME, FACTORY, STREET, OFFICE, ETC.)		29c. LOCATION CITY OR TOWN COUNTY STATE					
29d. TIME OF INJURY MONTH DAY YEAR HOUR M			29e. INJURY OCCURRED <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		29f. HOW DID INJURY OCCUR?					